

DALLAS

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Biggs



Dallas Pioneers

Years of Progress INVITE Greater Confidence

Old firms like old friends have demonstrated their worth through years of plenty and lean years of hardship. The concerns listed on this page have an enviable record and are known as "old friends" by thousands of customers and people living in this section.

Established

1869 Padgett Bros. Company

74 Years (See Photo No. 1)
Leather Goods—Wholesale and Retail

1869 The Schoellkopf Co.

74 Years (See Photo No. 2)
Manufacturers and Wholesale Distributors

1872 Dallas Ry. & Term. Co.

71 Years (See Photo No. 3)
Street Railways

1875 Dallas Trans. & Term. Warehouse Company

68 Years (See Photo No. 4)
Warehousing, Transportation and Distribution

1875 First Natl. Bank in Dallas

68 Years (See Photo No. 5)
Banking

1876 Trezevant & Cochran

67 Years (See Photo No. 6)
Insurance General Agents

1876 Fakes & Company

67 Years (See Photo No. 7)
Furnishing Texas Homes Since 1876

1876 Ed. C. Smith & Bro. Undertaking Company

67 Years (See Photo No. 8)
Funeral Directors

1885 Mosher Steel Co.

58 Years (See Photo No. 9)
Structural Reinforcing Steel and Machinery Repairs

1889 J. W. Lindsley & Co.

54 Years (See Photo No. 10)
Real Estate, Insurance

1890 William S. Henson, Inc.

(Successors to J. M. Colville & Son)
53 Years (See Photo No. 11)
Printing and Advertising

1893 Fleming & Sons, Inc.

50 Years (See Photo No. 12)
Manufacturers—Paper and Paper Products

1896 Briggs-Weaver Machinery Company

47 Years (See Photo No. 13)
Industrial Machinery and Supplies

Established

1899 Dallas Plumbing Co., Inc.

44 Years (See Photo No. 14)
Plumbers

1900 John Deere Plow Co.

43 Years (See Photo No. 15)
Agricultural Implements

1903 Dallas National Bank

40 Years (See Photo No. 16)
Banking

1903 Acme Screen Co.

40 Years (See Photo No. 17)
Ac-Ka-Me Products, Insect Screens, Cabinets, Lockers, Boxes and Venetian Blinds

1903 Republic Insurance Co.

40 Years (See Photo No. 18)
Writing Fire, Tornado, Allied Lines, Automobile and Inland Marine Insurance

1903 First Texas Chemical Mfg. Company

40 Years (See Photo No. 19)
Pharmaceutical Manufacturers

1904 Atlas Metal Works

39 Years (See Photo No. 20)
Sheet Metal Manufacturers

1908 Stewart Title Guar. Co.

35 Years (See Photo No. 21)
Abstracts and Title, Insurance

1909 Hutchinson-Bonner & Burleson

34 Years (See Photo No. 22)
Certified Public Accountants

1909 The Southern Supply Co.

34 Years (See Photo No. 23)
Wholesale Hardware and Industrial Supplies

1911 Graham-Brown Shoe Co.

32 Years (See Photo No. 24)
Manufacturing Wholesalers

1912 Stewart Office Supply Co.

31 Years (See Photo No. 25)
Stationers—Office Outfitters

1914 Texas Employers Ins. Assn.

29 Years (See Photo No. 26)
Workmen's Compensation Insurance

(Advertisement)

DALLAS

VOLUME 22

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GORDON C. BROWN.....Editor
VELMA BOSWELL.....Business Manager
ED FLOYD.....Advertising Manager



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DALLAS • NOVEMBER, 1943

Something TO LOOK FORWARD TO

At present, Layne-Texas facilities for developing well water systems are concentrated on the important job of filling the needs of the military and essential war industries. A large number of these systems have been put into operation throughout Texas in an unbelievably short time.

We are exploring new subterranean areas . . . charting new sources of water . . . developing new techniques of well drilling and finishing. When victory is won, this skill and knowledge will be ready to provide municipalities and industries with the finest possible well water system. There will be improved design pumps . . . better materials to add more life to equipment . . . and advanced facilities for installing and servicing well water systems.

In the meantime, be glad you have a Layne-Texas well water system for dependable service.

LAYNE-TEXAS COMPANY

"WORLD'S LARGEST
WATER DEVELOPERS"

HOUSTON
DALLAS

CITADEL OF HEALTH



DALLAS, Citadel of Health. That is the dream which the Southwestern Medical Foundation has begun to transform into reality. Actual work has started, and concrete results already have been achieved, in the establishment of a great Medical Center in Dallas — a Citadel of Health which in time must and will rank below none in the nation.

Great benefits are destined to accrue to Dallas as the result of this great Medical Center — benefits of such value that few, if any, projects heretofore projected or completed by Dallas can compare with it.

Such an asset will it be that its influence will spread into every means and walk of our lives. It is an institution which combines all of the virtues of humane ministrations, civic grace and economic development.



MR. HOBLITZELLE

First and foremost among the benefits it will bring Dallas are those having to do with our health and the health of the nation. Fortunate, indeed, is he who lives in a city where every known science of medicine and surgery is available in time of sickness or accident. How many lives have been lost needlessly, how much preventable grief, distress and hardship have been caused for the lack of what we shall acquire in this great Medical Center?

These benefits, which we record on the humane side of the ledger, are great. But the asset of such an institution extends far beyond, into the realm of dollar-and-cents value to Dallas.

All the people of the Southwest, and beyond, will look upon Dallas, with its Medical Center, as the Citadel of Health — a mecca of relief and sympathy for the suffering and afflicted. This will bring business for our hotels, retail establishments and enterprises of all kinds. It will bring added character and prestige to our city, and these intangibles have always possessed dollar-and-cents value in producing prosperity and business for a community.

Our Medical Center may also be expected to attract to

Dallas a number of new businesses and industries, and to result in the expansion of some we already have. These are the manufacturers, distributors and dealers in drugs and in medical, surgical, hospital and therapeutic instruments and equipment.

In itself the Medical Center, when completed, will be a plant comparable in size to some of our largest industries. It will embrace 37 buildings and additions to existing buildings. Its operations, involving virtually every phase and branch of medicine and hospitalization, will provide employment for several thousand persons.

With establishment of the School of Medicine we have made a beginning. Humble though our temporary structures are, because of wartime necessity, I look upon it as a great and satisfying beginning — because great work already is being done there, and because the problems and hardships of establishing such an institution in times like these have proved our mettle and emphasized our determination that, despite the many obstacles which accompany such a far-reaching undertaking, it shall be finished.

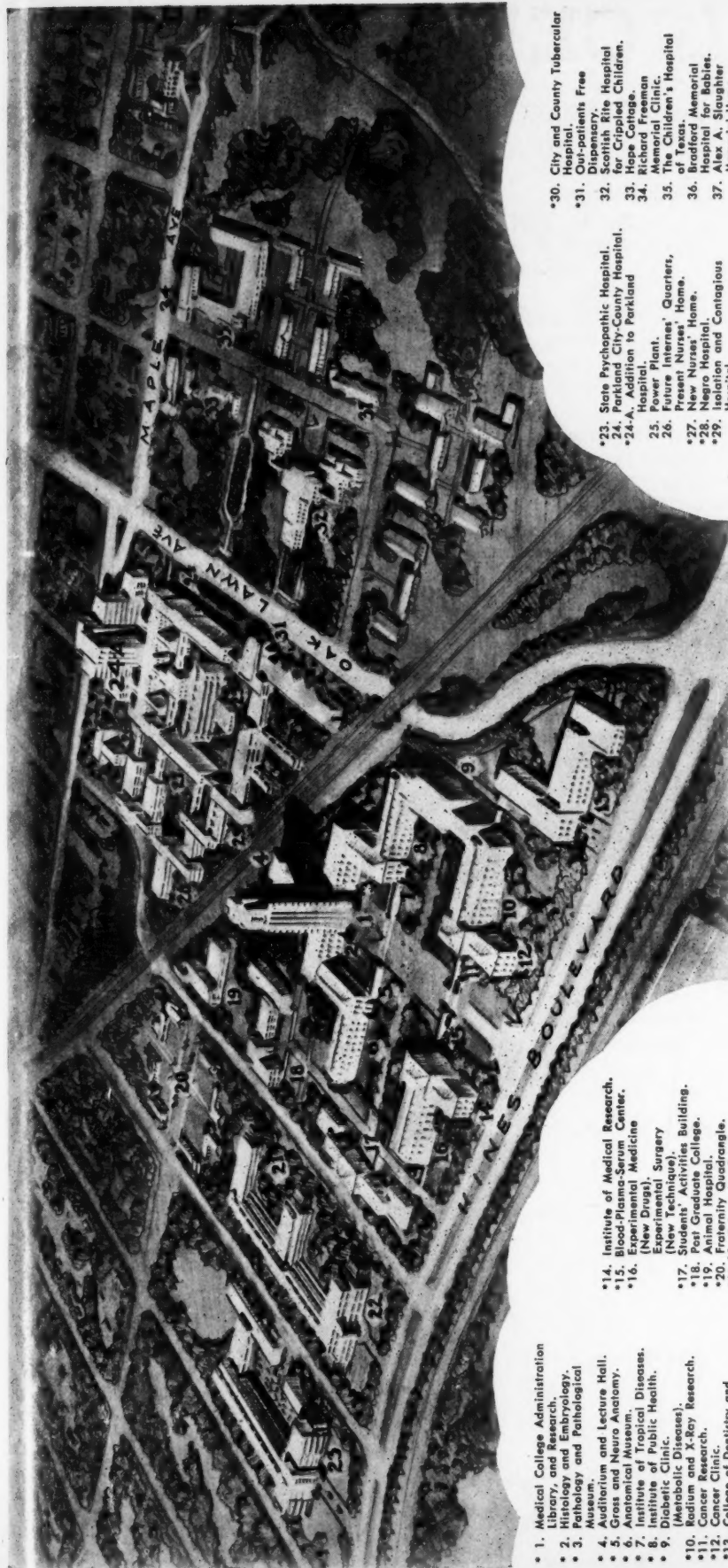
This beginning is but the seed of a tremendous idea and a visionary ideal. From it, in time, will spring the steel, concrete and stone of a great city of mercy, where haven may be found by all, the rich and the poor alike. Building after building will rise: First, a towering Medical Education Building, peopled by the young men and women who have come to absorb knowledge from the wise men of medicine and science; later, the structures to hold lecture rooms, laboratories, clinics, research projects, sanatoriums, and the many other activities which are centered in such an institution.

John D. Rockefeller, the elder, once said that of the money he had contributed to various causes, the half billion he gave for medical education and research paid the greatest dividends.

The future may well prove the same to be true for Dallas.

Karl Hoblitzelle

CHAIRMAN, EXECUTIVE COMMITTEE,
SOUTHWESTERN MEDICAL FOUNDATION.



- * 1. Medical College Administration Library, and Research.
- * 2. Histology and Embryology.
- * 3. Pathology and Pathological Anatomy.
- * 4. Auditorium and Lecture Hall.
- * 5. Gross and Neuro Anatomy.
- * 6. Anatomical Museum.
- * 7. Institute of Tropical Diseases.
- * 8. Institute of Public Health.
- * 9. Diabetic Clinic.
- * 10. Metabolic Diseases.
- * 11. Cancer Research.
- * 12. Cancer Clinic.
- * 13. College of Dentistry and Dental Clinic.

- * 14. Institute of Medical Research.
- * 15. Blood-Plasma-Serum Center.
- * 16. Institute of Medicine (New Drug).
- * 17. Students' Activities Building.
- * 18. Post Graduate College.
- * 19. Animal Hospital.
- * 20. Fertility Quadrangle.
- * 21-22. Tubercular Center.

- * 23. State Psychopathic Hospital.
- * 24. Portland City-County Hospital.
- * 24-A. Addition to Portland Hospital.
- * 25. Power Plant.
- * 26. Future Internes' Quarters.
- * 27. Present Nurses' Home.
- * 28. New Nurses' Home.
- * 29. Isolation and Contagious Hospital.
- * 30. City and County Tubercular Hospital.
- * 31. Out-patients Free Dispensary.
- * 32. Scottish Rite Hospital for Children.
- * 33. Hope Cottage.
- * 34. Richard Freeman Memorial Clinic.
- * 35. The Children's Hospital of Texas.
- * 36. Bradford Memorial Hospital for Babies.
- * 37. Alton and Elmer Memorial Home.

* Identifies Proposed Buildings.

SOUTHWESTERN MEDICAL CENTER AT DALLAS SHOWING BOTH THE PROPOSED AND EXISTING BUILDINGS

In the sketch above, Architect George H. Dahl depicts the Southwestern Medical Center being developed through the activity of the Southwestern Medical Foundation on twenty-four acres of land adjoining the site of eleven acres now occupied by Parkland Hospital (City-County) with 450 charity beds.

The total area of thirty-five acres is bounded approximately by Hines Boulevard in the foreground of the picture, paralleled by Maple Avenue in the background beyond Parkland. On the south (right) is Oak Lawn, with a frontage of 1,700 feet northward (to the left) along Hines Boulevard to Knight Street.

One block to the south is a successfully functioning pediatrics center of 125 charity beds, including Scottish Rite Crippled Children's Hospital, Texas Children's Hospital, Freeman Memorial Clinic, Bradford Hospital for Babies, and Hope Cottage.

Stimulating nucleus of development in the new area of the Medical Center will be a building

for the School of Medicine with a large auditorium or amphitheater to the rear. Joining the medical college building to the north and south will be smaller buildings for research and special clinics. A dental college-clinic structure, library and students' activities building complete the teaching units.

To the extreme north from the medical buildings, on Hines, is a site for a State Psychopathic Hospital, as designated for Dallas by the Legislature some years ago when a similar institution was built elsewhere. The next Legislature is expected to appropriate funds for the Dallas hospital.

Between the site for the State institution and the medical buildings is an ideal location for a tuberculosis hospital, for which a bequest of approximately \$800,000 is available.

The role of the Southwestern Medical Foundation is to make sites available for the varied enterprises and to coordinate their efforts in medical research and teaching.

MEDICAL CENTER

SOUTHWESTERN MEDICAL FOUNDATION'S PROGRAM ENVISIONS DALLAS
AS GREAT HEALING CITY; INSTITUTIONS TO COVER 35-ACRE TRACT

THE medical progress in any community is largely associated with the development of medical education within the community.

Some 43 years ago the progressive medical men of Dallas utilized this ideal in an attempt to develop in our midst a medical school. The population of our city was small and the clinical opportunities for teaching medicine were limited. Then, too, the small number of medical men who had been properly educated and who had had clinical training made it difficult to develop rapidly a medical center worthy of the name. However, the city of Dallas grew in population and the presence of a medical school attracted the better educated young doctors, who became teachers and practitioners of medicine in a growing community.

The development of medicine in Dallas is a long and interesting story, but as the years have passed the practice of medicine has been of finer quality in all of the hospitals and homes because of the increasing merit of the educational venture of a few optimistic and high spirited doctors who could visualize the future even in the turn of the century.

In 1939 a movement was started to make certain in the minds of the people that the medical school and its accomplishments (which had been run along non-sectarian lines) would be financed and conducted in such a manner that there would be no doubt in the minds of the public that medical education and scientific research would truly be perpetuated in our community serving the great Southwest as a non-sectarian accomplishment.

The Southwestern Medical Foundation was created for the purpose of carrying forward the work which had been accomplished throughout these 40 odd years by the medical men and their associates. It has fallen the lot of the Foundation to go a step further and to assume the direct obligation of financing and managing the Southwestern Medical School, which the Foundation has created, with practically the same faculty which existed in Dallas, and many others of distinction which have been added.

By Dr. E. H. Cary
President, Southwestern Medical
Foundation

The Foundation early projected a very extensive program of erecting needed buildings for the medical school. The trustees of the Foundation selected a large plot of land adjoining the Parkland (city-county) Hospital and had plans drawn for the future development of a great Medical Center, quite near the City-County Hospital and the already existing Pediatric Center. This development is to be correlated with the new buildings on Parkland Hospital grounds which are needed to meet the requirements of a growing city, which finds it necessary to serve the underprivileged who need medical care.

To be more specific, the city-county board realizes the need of an enlarged Nurses' Home, the erection of a Negro Hospital, a Contagious Pavillion and an Outdoor Dispensary and also to make better provision for tuberculosis, which is now cared for in Woodlawn Hospital, which has long since served its usefulness.

The first building of the Foundation will be a modern home for the medical school, which is now housed in a group of prefabricated buildings which have been so constructed that for the period of the war they answer every purpose.

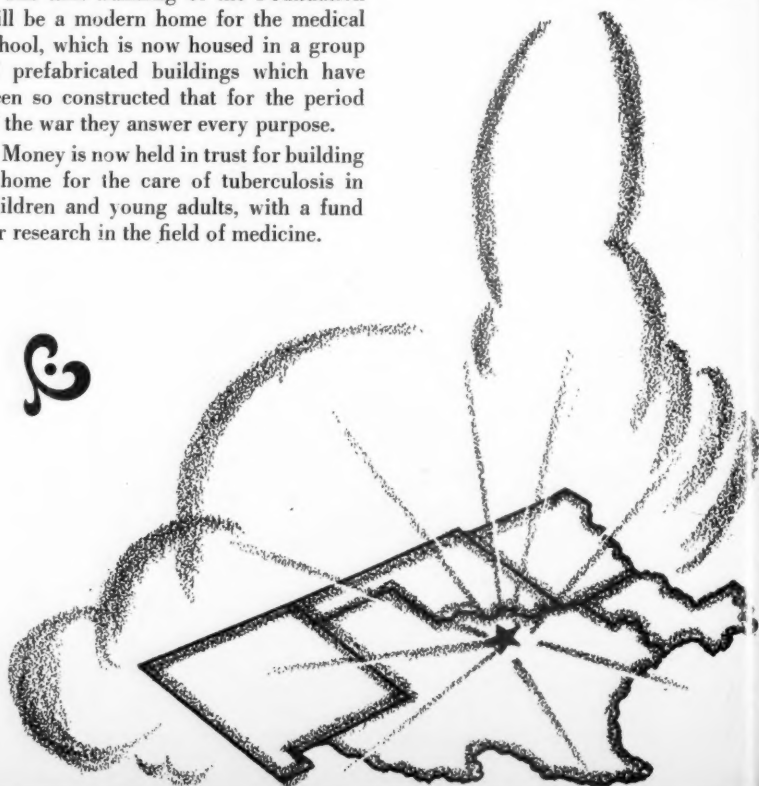
Money is now held in trust for building a home for the care of tuberculosis in children and young adults, with a fund for research in the field of medicine.

The State of Texas some years ago selected two cities, one Galveston, and the other Dallas, in which to develop psychopathic hospitals, but the money was provided for only one hospital and that was near the Medical Department of the University of Texas at Galveston.

Inasmuch as the mentally sick, when seen early, are often curable, an early diagnosis is of economic value to the state. If individuals are left to go from bad to worse, they frequently become classified as insane and when they have once been placed in either the jail or the asylum, they are usually lost to society for it has been the history of nearly all such cases that the members of their family develop a sense of shame, whether justified or not, and the individual is no longer wanted at home so they really become a charge of the state.

With increasing knowledge of the cause of mental derangement and the facilities for better care, there is a tremendous salvage to society through the development of a modern psychopathic hospital. Our thickly populated section of the state and the demands for this type of service would justify the legislature in providing

(Continued on Page 32)



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The MEDICAL SCHOOL

CONSTRUCTION AND EQUIPMENT OF COLLEGE IS MIRACLE OF ACCOMPLISHMENT IN WARTIME

ONE of the miracles of accomplishment in Dallas during 1943 has been the construction and equipment of buildings for the Southwestern Medical School of the Southwestern Medical Foundation adjacent to Parkland Hospital.

The school was formally authorized May 5, scheduled to open its first session June 21. With almost superhuman diligence and determination, the Foundation Trustees and the faculty got busy and launched their school on time, aided by the wonderful cooperation of the Dallas Board of Education, W.P.B. officials, and dealers in scientific and other equipment.

The launching of such an enterprise in peace time would have been a big job but was doubly so in wartime emergencies. Envoys were dispatched to Washington and to northern and eastern centers where scientific equipment could be had, and by the time the different items of equipment were needed in the school work, adequate quantities were on hand. This applied to microscopes, kymographs, glassware and all other items needed in a Class A medical school.

Through the courtesy of the Dallas Board of Education, the Spence Junior High School building was made available for the preclinical laboratory courses during the summer. With the hearty cooperation of W.P.B. officials, priorities were secured for the erection, from prefabricated material by the Texas Prefabricated Company, of approximately 30,000 square feet of laboratory, office and lecture room space between Parkland Hospital and the Cotton Belt Railway, on Oak Lawn Avenue. The board of managers of Parkland showed a wonderful spirit in permitting the buildings to be so situated, so as not to interfere with the later development of the main buildings on the Foundation's property west of the Cotton Belt.

The prefabricated buildings are in the shape of eight wings, four of them 96 feet long, four of them 142 feet long, extend-

ing north and south from a long central corridor. Nearby is a separate Administration Building housing the office of the dean, the registrar, and the Army and Navy official personnel. Behind the buildings is a modern animal house with concrete floor, and properly air-conditioned. There is also a carpenter and machine shop structure near by. All these buildings are insulated and, with composition material for walls and ceilings, are practically fire-proof. Most modern fluorescent lighting fixtures have been installed throughout the buildings.

In November, the citizens of Dallas will be invited to come out to an open house inspection of the new buildings. A visitor, upon entering the central corridor, finds, to his right, wings housing private offices and private research laboratories of full-time or preclinical teachers, together with lecture rooms, and the anatomy laboratory. Extending to the south are long wings housing, in succession, the laboratories of bacteriology, bio-chemistry pharmacology and physiology, pathology, histology and embryology. In the Pathology Department are already 30,000 special slides for microscopic study by students — prepared in a few months where usually several years would be required to accumulate such a supply.

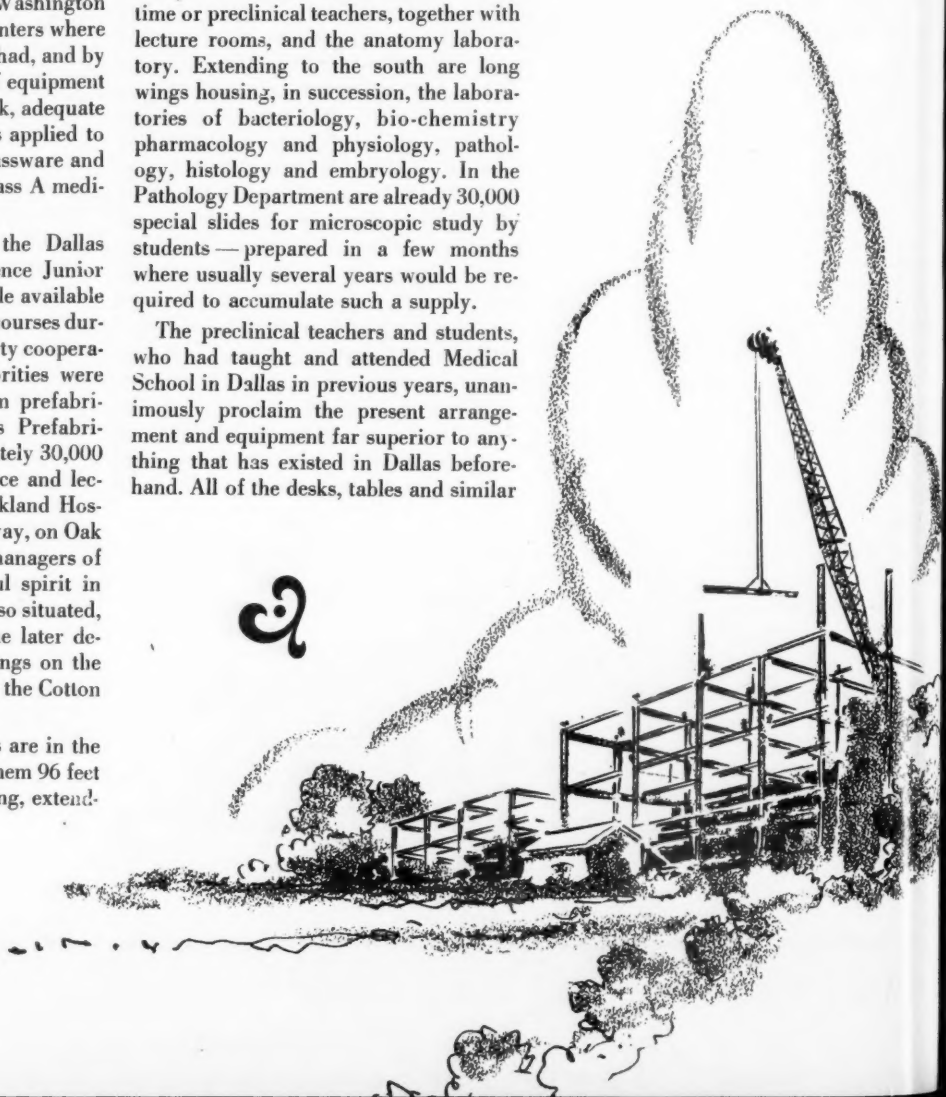
The preclinical teachers and students, who had taught and attended Medical School in Dallas in previous years, unanimously proclaim the present arrangement and equipment far superior to anything that has existed in Dallas beforehand. All of the desks, tables and similar

furniture were made by special design and will be moved eventually to the permanent buildings.

Some departments of the school demanded absolutely fire-proof buildings. Accordingly, at 3802 Maple, in a brick building, has been constructed a large lecture room and motion picture projection room with a seating capacity of 250. The other part of the building is given over to the expensive equipment of the department of medical arts or visual education, which equipment could not be duplicated under any condition now. The business offices of the school are also housed in this building.

The Foundation owns the commodious fire-proof library building at 3412 Gaston Avenue but this is some four miles from the Medical Center and, for the efficient use of the library, fire-proof quarters for it have been established at 3705 Maple Avenue. With surprising speed, a large number of medical and surgical textbooks and bound journals have al-

(Continued on Page 34)



The MEDICAL LIBRARY

HARD-WORKING COMMITTEE AND DONORS HELPING TO ACQUIRE THOUSANDS OF VOLUMES FOR SCHOOL

By Dr. George T. Caldwell
Chairman, Library Committee
Southwestern Medical Foundation

A MEDICAL library is an essential part of every medical school, and the facilities available in such a library to some extent modify the type of work which can be accomplished in the institution which it supplies. Maintenance of scholarship of high grade in medical schools and encouragement of research are largely dependent upon good library facilities.

When the Medical School of the Southwestern Medical Foundation was established early this year, although certain library equipment was available, it became apparent that the valuable collection of journals and books, most of which had been obtained during the past quarter of a century, were the property of the institution which was being removed from Dallas. To meet this emergency a committee of the faculty was appointed and entrusted with the dual responsibility of locating trained personnel, to have charge of the new library, and to begin a systematic collection of journals, which serve as the basis of every modern medical library.

This library committee included representatives about equally divided between the fundamental medical sciences and the various divisions of clinical medicine. The departments of anatomy, bacteriology, biochemistry, pathology, physiology and pharmacology were represented, as were also dermatology, gynecology, internal medicine, otolaryngology, radiology and surgery. Most of the members of this committee were experienced in matters pertaining to the needs of a medical library, and each was an authority also in the needs and requirements of his particular field of medicine.

All were fully cognizant of the difficulties and responsibility involved in such an assignment, and in consequence the

early phases of the work progressed rapidly.

We were especially fortunate in securing the services of two well-trained and experienced librarians.

Miss Laveta Foster, a graduate of Texas State College for Women, was induced to give up a position in the research department of the technical library of the B. F. Goodrich Co. to become the librarian of the new medical library. Miss Foster had previously served as assistant in the medical library of the University of Michigan, from which institution she received a master of arts degree in library science.

Mrs. Violet M. Baird was shortly thereafter appointed assistant librarian. Mrs. Baird received her fundamental training at Louisiana State University where she was granted a bachelor of arts degree in library science. She had held responsible positions in the libraries of Texas Technological College and of Baylor University at Waco.

These appointments assure not only competent but excellent service.

The second main task of the committee, that of initiating a systematic collection of journals and books, has progressed satisfactorily through only the first phase of this gigantic undertaking.

There is no great difficulty involved in making out lists of all available important monographs and reference books, since only current editions of these are valuable, except in rare instances for sentimental or historical reasons. Likewise, lists of all of the most important periodicals dealing with the medical sciences or with clinical medicine can be prepared by a group of specialists in these fields without great effort. Such lists were prepared and submitted to the J. A. Majors Co. to be ordered from the respective publishers. Dr. Majors and Mr. Jackson have handled this part of the work very efficiently. The library now contains over 1,100 books in addition to the bound journals, and 162 journals are currently received.

The publishers of these journals were usually able to furnish the back numbers for the current volumes, although this was not always the case.

Mrs. E. B. Hopkins generously furnished the funds for all of the journal subscriptions for this year.

The major problem which confronts the library committee and the librarians is to secure back volumes of all important journals, and when possible to complete the files of such journals to the very beginning of their publication. This will require constant attention through many years and will entail a large expenditure of money to accomplish it. Some of the journals have been in existence for 50 years and a few for 75 years or more. Fortunately, for most readers, the majority of references will be found in journals published within the past 10 years, and only occasional ones to journals more than 20 years old.

The committee has been authorized to purchase files of selected journals as they become available, and adequate funds have been set aside to cover the probable purchases for the current school year.

These are very propitious beginnings for a reference library for medical students, and a medical faculty engaged in study and research.

Local physicians have responded liberally to requests for back volumes of journals, and several valuable files have been completed. The library of the Dallas County Medical Society furnished many volumes of the more widely read clinical journals, together with a good number of reference books.

The first 2,000 volumes were thus readily acquired. This, of course, is just the beginning.

The number of journal or periodical subscriptions should be definitely increased. Journals published in belligerent nations should be added as they become available, and in our location, special emphasis should be placed on publications originating in Latin America. As an indication of what other medical libraries contain, the published statements of a few schools may be taken as examples. The catalog of Saint Louis University states that the medical library contains about 39,000 volumes and it receives 430 of the more important periodicals; the library of Washington University School of Medicine contains 57,000 bound volumes and receives 514 medical periodicals. The Lane Medical Library of Stanford University, the largest medical library west of Chicago, contains over 97,000 volumes, and over 500 journals are currently received and the back files are practically complete. The medical li-

(Continued on Page 33)

MEDICAL RESEARCH

CURIOSITY AND SCIENCE COMBINE TO RELIEVE MANKIND'S ILLS; LOCAL INSTANCES CITED

THERE is often a misconception in the minds of many just what constitutes research in medicine. This occurs, since some popular publications make medical research glow with a glamour almost Hollywoodian. This is far from stating the true facts in the matter, but let us attempt to correct any such impression.

Those of us who teach appreciate the curious student, since, when he is performing an experiment and raises questions in his and his instructor's mind as to the how and why and wherefore, he performs is experimenting in his own small way. In many instances, medical research is begun in just this fashion—a most thrilling example is that of Dr. C. H. Best, the Canadian who is given credit as the co-discoverer of insulin. He was a sophomore medical student when the important work which led to the cure for

diabetes was in the last stage of its processing.

In the laboratory proper, men who seek the answer to many unanswered problems in medicine are also curious. They must be or they would never start anything new, but rather would accept the present scattered knowledge which is known to them in the field of their present problem. Curiosity in medical research then, may be translated into a seeking of the truth plus enterprise, intuition, and a great deal of hard work. There are arm chair searchists in science who would pose as those possessing the qualifications as students of medical research, but such so-called research workers have contrib-

BLOOD PLASMA

By Dr. Joseph M. Hill

Director, The Buchanan Center

THE staff of the William Buchanan Blood, Plasma and Serum Center has been interested in continuing research begun in the past in the field of blood and plasma, with the addition of many new problems. At present the following problems are being investigated: First, techniques of production of dried plasma are being further studied, particularly, the separation of plasma from the red cells of the blood. The employment of a super centrifuge for this purpose is being studied in connection with an investigation of the ability to also remove any bacteria introduced in experimental quantities. Success of this method would mean a further safeguard in the production of plasma.

Investigations are also being continued in respect to the use of concentrated plasma in the treatment of burns, shock and many other conditions. The actual mode of operation of such plasma is being studied experimentally with emphasis on the distribution of fluids throughout the body in these conditions and their altera-



DR. SLAUGHTER

For our first experiments, we made use of unanesthetized dogs which had been prepared with Thiery-Vella fistule, so that intestinal contractions could conveniently be recorded. We noted that a combination of a dose of "eserine" and of morphine, which had no action on the intestine when given separately, pro-

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DR. HILL

(Continued on Page 34)

uted little if any towards fostering progress in medical science.

From experience, the scientist who really accomplishes anything worthwhile does not work from an easy chair. Rather, he puts in long hours, performs much physical labor, does countless tedious control experiments, has many disappointments, sleeps little if things go badly and sleeps little if he is making progress in his work. No real medical discovery was ever planned in advance since in medical research, there are so many factors to consider that the probabilities are never assured until the final experiment is completed and the results are entirely tabulated. Only then, does the experimenter know if the many weeks and often years of work have proven at all fruitful.

What does medical research require besides a scientist with the ability to be inquisitive and to project such inquisitiveness into productive experimental work? Much elaborate and expensive equipment is needed and financial security to purchase such equipment and to maintain highly skilled scientific workers are absolutely essential. Without these prerequisites, medical research cannot and will not go forward.

VENEREAL CONTROL

By Dr. Arthur G. Schoch

Director, Dallas Venereal Clinic

THE Dallas Syphilis and Venereal Disease Clinic was organized and started to function Jan. 25, 1937. It was brought into being by the combined efforts of Dr. J. W. Bass, health officer for the City of Dallas, and Dr. Arthur Schoch, who was named and continues to serve as director of the clinic. Dr. Bass is now in Australia serving the Army in a similar capacity.

Since the clinic was to serve indigent patients, it was designed and continues to serve these patients without any charge whatsoever. The entire cost of operation for routine diagnosis and treatment was made possible through funds available from the city health department and the federal monies allocated to the State of Texas for this purpose. These funds are still available for routine diagnosis and treatment



DR. SCHOCH

(Continued on Page 21)

CHILDREN'S CENTER

THREE OUTSTANDING HOSPITALS MINISTER
TO THE YOUNG, HELP TRAIN PEDIATRICIANS

By Dr. John G. Young

Chief of Staff, Children's Hospital of
Texas

THE Children's Medical Center in Dallas is one of the largest centers in America devoted to the medical care of children, and the work done is not duplicated in any known institution in the South. Children are cared for from birth to 14 years of age, both as inpatients in the hospitals and as ambulatory patients in the out-patient clinic. No restrictions exist as to race, religion, or color—all receiving the same excellent, scientific treatment, the highest that can be given with modern training and equipment.

The Children's Medical Center is composed of three separate and distinct institutions, all with one aim—to serve the health of children. There is no duplication in effort and no overlapping in activity. These three institutions are the Bradford Memorial Hospital for Babies, the Richmond Freeman Memorial Clinic, and the Children's Hospital of Texas, all located on the same hillside near Reverchon Park. They have different governing boards but have some interlocking in the boards of directors.

Bradford Memorial Hospital for Babies cares for children through the first two years of life. A room for the care of premature babies is maintained, with incubators, equitable heat, and proper humidity always, in which those frail little babies are aided in their fight for life. This premature care is a very special type of work. Nurses are assigned this special work and spend most of their time in it. These babies are very easily upset and when not properly protected and treated they become serious and dangerous problems. The work being done in this one institution alone justifies great expenditure and deserves great praise from the citizenship.

Bradford Hospital also, as an infant hospital, cares for the general and rare illnesses among infants. Proper diets are

prepared in the diet kitchens, X-ray and clinical laboratory are maintained. The superintendent is Miss Lucile Burlew, who is devoting her untiring efforts to maintaining this hospital. Bradford Hospital began years ago as the Dallas Baby Camp on a lot near Parkland Hospital, sponsored by the Graduate Nurses of Dallas, and run by the late Miss May Smith, who for years lived for and worked with the hospital. The present excellent plant was given by Tom L. Bradford that the work might continue and be enlarged. As a unit of the Children's Medical Center, it is doing greater work than at any time in its history. Dr. Hugh Leslie Moore is chief of the medical staff.

The Freeman Memorial Clinic for years has been caring for ambulatory children needing medical care. During these years thousands of Dallas and Texas children have been benefited because of this clinic. Freeman Clinic acts as the out-patient clinic for both Bradford Hospital and Children's Hospital of Texas. When a child needs hospital care it is sent to Bradford Hospital if below two years of age and to Children's Hospital if over two years. This unity of purpose in caring for sick children is ably demonstrated by this unity of action in working out all problems. Freeman Clinic is perhaps the best in the entire Southwest. It is arranged in general and special departments and these departments cover about every illness children have. The departments are well manned by competent, full-time workers and the physicians give most liberally of their talents in care of children.

Several organizations have seen the great work being done here and have aided materially—notably, the Variety Club.

The most excellent laboratories, X-ray department, and surgical wing with its workrooms and operating rooms are used by both Freeman Clinic and the Children's Hospital of Texas, thus saving and preventing duplications. Mrs. Dora B. Foster is executive secretary and has the duties of superintendent and is very active in this and other civic undertakings. Dr. John E. Ashby is chief of the medical staff. Last year over 29,000 visits were made to this clinic for medical care.

The Children's Hospital of Texas is the most recently established unit. It was in the process of planning and building for several years. George B. Dealey was instrumental in originating the movement to build this hospital. R. B. George, Lawrence Pollock, and Hugo Schoellkopf were active in bringing it to completion. It is a most modern children's hospital and compares favorably in structure, arrangement, and equipment with the best in our land and far outshines most. Children from two to 14 years are cared for.

During the poliomyelitis epidemic this year the Children's Hospital cared for well over 100 patients with this disease and accomplished a notable work. Research work on this disease was carried on by both the staff and visiting scientists from the University of Michigan, Warm Springs Foundation, and the National Foundation for Infantile Paralysis. The good work done cannot be over-emphasized and a great public service was rendered in a time of great need. Many children from Dallas and this region were admitted and cared for.

Miss Ann Brandner came to open this hospital as superintendent and is doing a self-sacrificing work that it may fill the great need for such a hospital that existed previous to its opening. She was formerly with the St. Louis Children's Hospital. Dr. John G. Young is chief of the medical staff.

These three institutions make the Children's Medical Center of Dallas a unified body working in a worthy cause together toward a bright future. This is the pediatric teaching center for the Southwestern Medical Foundation's Medical School. Students are taught to recognize, diagnose, and treat the diseases of children here. This medical teaching makes for a definitely better hospital; patients get better care and more thorough diagnosis, and the hospitals are better healing institutions because of this. It is well recognized that the best hospitals are teaching hospitals.

The Medical School of the Foundation was fortunate to find such a Medical Center for Children already organized and functioning, and the Center is wholehearted in cooperation with the Medical School.

These three units of the Children's Medical Center have one resident home staff, composed of medical graduates who are specializing in the diseases of children and who will, after leaving the Center, go out as children's specialists to continue the good done and learned here.

(Continued on Page 24)



DR. YOUNG

DALLAS HOSPITALS

PROGRESS OF THESE INSTITUTIONS STEADY
SINCE FIRST ESTABLISHED HERE IN 1877

By Russell C. Nye
Superintendent, Parkland Hospital

SINCE 1775 when the first hospital was chartered in the American colonies the successful establishment of hospitals has continued.

In Dallas as elsewhere this humanitarian field has had the voluntary support of philanthropy, religious charity, pioneer physicians, and public tax funds.

In 1877 a one-story red brick building at the old County Poor Farm served as an infirmary and has been in constant uses as one of the hospital building of the Convalescent Hospital of the Dallas City-County Hospital System until it was condemned and torn down in 1941. This unit has a 150-bed capacity for the care of chronics and is an important adjunct facility in the hospital system.

In 1880 the first city-operated clinic was opened in a lean-to attached to a one-room cottage. Through a fine public spirit and faith, a real city hospital was established in 1894 on the present site. The patients were housed in a small group of wooden buildings which were enlarged after the 1911 meningitis epidemic and in 1921 replaced by the central brick structure of "Parkland."

In 1937 a wing was added to coordinate all clinics and to house the 30-bed psychopathic division. A second wing was also opened which permitted enlarging the obstetrical department and to open a 40-bed contagious disease division, the only one in the county. The year 1938 saw a central venereal clinic in full operation at Parkland and today over 325 cases per day are treated. At this time the number of negro hospital beds was doubled. There are now 100 negro beds at Parkland for service in the hospital.

Early in 1941 Parkland's improvements provided enlarged quarters for the recently developed medical social service department. This department determines the eligibility of charity care when the physician recommends hospitalization.

The clinical and pathological laboratories were expanded in size and departmentalized. This important service functions 24 hours a day, as does the revamped X-ray department.

Parkland has 22 clinics including a

well organized tumor service in which both radiology and radium therapy are available as well as surgery when indicated.

The city administration requested the board of managers of the Dallas City-County Hospital System to take over the operation of the emergency ambulance service in 1942. This has functioned efficiently and served the community as a whole.

The Parkland Hospital School of Nursing was incorporated under the laws of the State of Texas in 1914. In 1943 the school affiliated with Southern Methodist University for the science courses. The aim of the nursing school is to prepare well selected students in the principles of nursing as applied to the home, hospital and community with special training in mental and contagious disease.

Baylor, Methodist and St. Paul's Hospitals also have splendid nursing schools with courses to provide experience in the care of every type of illness.

Texas has 24 hospitals which are approved for interns and resident training. Seven of these are in Dallas, namely: Baylor University Hospital, Bradford Memorial Hospital for Babies, Medical Arts Hospital, Methodist Hospital of Dallas, Parkland Hospital, St. Paul Hospital, the Childrens Hospital of Texas, and Scottish Rite Hospital for Crippled Children.

The history of the hospitals of Dallas will be rewritten from year to year with each unit enriched by humanitarian service, of distinctly American patterns and spirit which will review itself down through the decades to come.

The year 1895 dates the founding of the St. Paul Hospital by the Sisters of Charity, Daughters of St. Vincent de Paul. Because it is a denominational institution it has been deprived of city, county, or state aid. However, it is denominational in name only as the sisters of the order daily fulfill, in a most complete sense, the purpose for which the hospital was founded; to render spiritual and corporal works of mercy for the benefit of mankind.

Today Baylor Hospital stands as a milestone to the scientific and sociological progress of Dallas. This hospital was

founded in 1904 and has served as the teaching hospital most admirably until recently when Baylor Medical School moved to Houston.

In 1913, Bradford Memorial Hospital for Babies was founded by the Dallas County Graduate Nurse Association and Woodlawn Tuberculosis Hospital was added to the Dallas City-County Hospital System. This addition of a 125-bed unit to the hospital system is further evidence that our local democratic governing bodies are actively conscious of the need of a hospital's keeping pace with the changing trends of scientific inventions and discovery in relation to the prevention and treatment of disease.

Courageously surmounting many obstacles, pioneering physicians and philanthropists have organized many private hospitals and sanatoria:

1917—Timberlawn psychopathic Sanatorium filled a long felt need.

1918—Hope Cottage extended medical and custodial care to dependent babies.

1921—Children's Hospital of Texas reaches all races, creeds, and colors up to 14 years. Through the continued and loyal cooperation of the Dallas County Medical Society's pediatricians the entire field of childhood disease is covered.

1923—A modern memorial is the Texas Scottish Rite Hospital for crippled children. Free hospitalization and no admission restrictions to any crippled child make it a crucial salient of our defenses against a handicapped life.

1925—Although the Dallas Orthopedic Hospital is privately owned, its work in infantile paralysis is widely known.

1926—Beverly Hills Sanatorium departed from the usual architectural pattern for psychopathic institutions. It is composed of four units with emphasis on adjunct services of occupational and recreational therapy.

1928—Again community demands were met. 1. A well integrated diagnostic clinic organized by Dr. E. H. Cary and known as the Medical Arts Hospital. 2. The Pinkston Clinic Hospital for negro physicians who wished to hospitalize and attend their private patients.

1930—A new clinic, the Dallas Medical and Surgical Clinic Hospital was organized by a group of specialists for the care of out-of-town clients meeting its treatment in terms of modern medicine and surgery.

1938—Prophetic eyes foresaw another hospital in Dallas. The Methodist Hos-

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GENERAL HOSPITALS of DALLAS

The four general hospitals of Dallas, while not all located on the Medical Center grounds, will have an important part in the development of that great institution, because of the teaching facilities they offer and their resources for scientific research.



LEFT: METHODIST HOSPITAL



ABOVE: ST. PAUL'S HOSPITAL

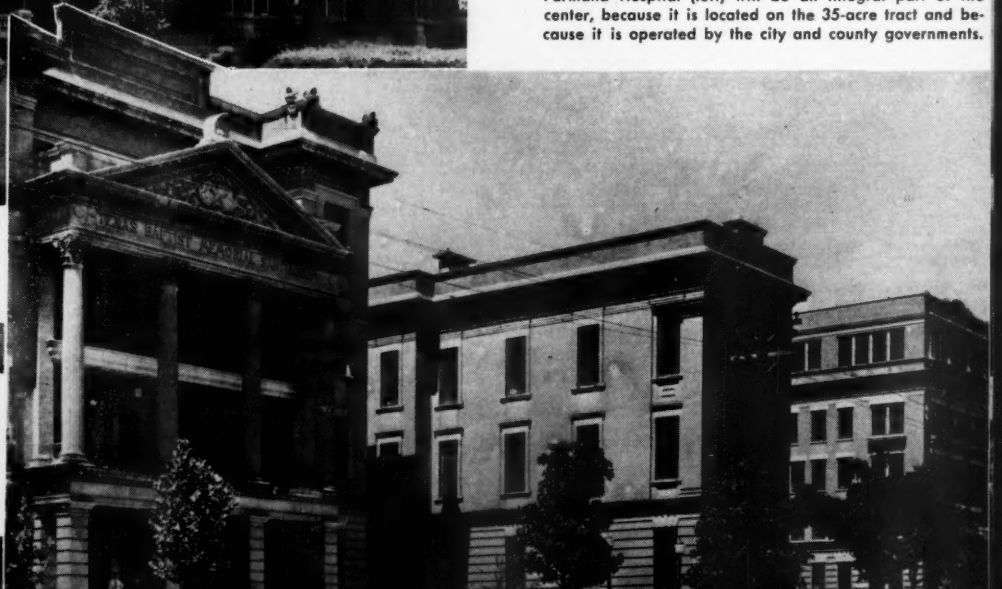


Parkland Hospital (left) will be an integral part of the center, because it is located on the 35-acre tract and because it is operated by the city and county governments.



Parkland Hospital's indigent patients provide training for students of the Southwestern Medical Foundation's School of Medicine.

Right: Baylor Hospital houses the Buchanan Foundation, which is conducting research in blood plasma and serum, a project in which the Southwestern Medical Foundation is interested.



DALLAS LONG KNOWN AS MEDICAL MECCA OF THE SOUTHWEST

By Dr. Milford O. Rouse

Secretary, Southwestern Medical
Foundation



DALLAS has long been recognized as the mecca of medicine in the Southwest, even before the far-reaching plans of the Southwestern Medical Foundation began developing.

For 43 years, the medical profession of Dallas has maintained a first-class medical college, graduating over 1,500 men and women, now practicing successfully in all parts of the world. Approximately 500 of them are now in military service. Well-trained brilliant doctors from the North and East, who wished to come to the Southwest, selected Dallas because it was a medical center. All of this has resulted in a superior type of medicine and surgery in this locality.

Dallas is the only city in Texas that has ever been honored with an annual meeting of the American Medical Association—

in 1927. Dallas is the home of Dr. E. H. Cary—the only Texan who has ever been elected president of the American Medical Association, 1931. Dallas is a favorite meeting place of many medical and other scientific groups, such as the Southern Medical, Texas State Medical, Texas Surgical Society, etc.

Dallas was the first city in the state to inaugurate annual post-graduate medical meetings. The Dallas Southern Clinical Society, now in its 15th year, holds a conference every March, which brings hundreds of doctors to Dallas for news of the latest advances in science.

Dallas has the largest number of hospital beds not under federal or state control, of any city in the state. The Parkland (City-County) Hospital is one of the largest charity hospitals in Texas. The Pediatric Center, adjacent to Parkland, is one of the largest in the country.

Dallas physicians have achieved national and international renown. Many officers of the scientific sections of the American Medical and Southern Medical Associations have been from Dallas.

Local physicians have been invited to read papers in Mexico and other distant points. A Dallas doctor discovered a new treatment for peptic ulcer several years ago. Dallas scientists at Buchanan Blood Plasma and Serum Center evolved revolutionary new procedures in producing dried blood plasma in large quantities. Dallas has recently been designated as a Red Cross bleeding center.

These have been medical accomplishments of Dallas up to the present. Under the auspices of the Southwestern Medical Foundation, there is being developed, on a 35-acre site around Parkland Hospital, the Southwestern Medical Center which, scientific critics prophesy, will become one of the leading such centers in the entire country. It is the outstanding such center west of the Mississippi and south of St. Louis. Eventually a minimum of 25 million dollars will be secured for buildings, equipment and in endowments.

A more healthful and happy Southwest should be the gift of Dallas to this section of the country.



DR. ROUSE

JOURNAL CLUB PROMOTES TEACHING AND RESEARCH

By Dr. C. R. Treadwell
President, The Journal Club

IN order to promote certain aspects of the research and teaching program of the new School of Medicine, a Journal Club has been organized. Membership is open to all full-time staff members. Meetings are held once a week, at which time some topic of general medical interest is presented and discussed.



DR. TREADWELL

In a teaching and research organization like the Southwestern Medical Foundation, there is a need for the rapid absorption of new discoveries into the body of medical science. To train progressive and informed doctors, the instructors must be continually modifying the material presented to the students so as to include recently acquired knowledge and to eliminate outdated information. This constitutes one of the major responsibilities of the medical teacher. With the rapid progress of medical science the task becomes even more formidable. Moreover, it is time-consuming and entails very careful evaluation. One of the functions of the Journal Club is to aid in this process.

Thus one of the recent weekly discussions was concerned with the new drug penicillin. After the discussion of the drug as a therapeutic agent by the professor of pharmacology, members of the bacteriology department discussed its effect on bacteria and how this knowledge could be applied in its medical use. Other members from the departments of physiology, pathology, anatomy, and biochemistry reviewed facts from their respective fields useful in evaluating this new drug. Another recent example was a discussion of the effect of severing all or certain parts of the spinal cord as an aid in relieving certain abnormal physiological manifestations which are controlled by different portions of the cord.

Another equally important function of the Journal Club is in relation to research being carried on in the school. Members present the results of their research projects to the whole club for evaluation and

criticism. Members of the various science departments correlate the recent advances in their special fields with the data presented and suggest additional routes of exploration or alternative explanations for the observations.

This free and frank exchange of ideas and criticism is a valuable aid to the investigator. It refreshes his scientific curiosity and challenges his ingenuity to answer the criticisms and to perhaps revise his theories so as to incorporate recent knowledge from other fields.

VISUAL TEACHING USED AT MEDICAL SCHOOL

By Lewis Waters

Associate Professor of Medical Art

THE Department of Medical Art and Visual Education incorporates the application of art and photography to medicine throughout the use of visual or sensory perception. This principle is not new except in application. There are many historical accounts of the use of art and photography by medical men and scientists to record their endeavors. These older records are now a part of the foundation upon which the present structure of medicine has been built. Visual instruction is a modern application



MR. WATERS

of one of the earliest methods of teaching, practiced before languages were used for the exchange of ideas.

The recording of medical and scientific facts for dissemination through publications, exhibits, motion pictures and illustrated lectures is now considered essential to medical and surgical teaching because it allows the studied thought of the teacher and research worker to be presented in the most readily absorbed form to individuals and large groups. This is done without the handicap of presenting the unessential findings that must be en-

All the members agree that these activities improve the teaching and research standards of our institution.

Through the cooperation of the trustees of the Southwestern Medical Foundation, the Journal Club has a means of accumulating funds to promote the scientific interests of the school as a whole. The present plan is to bring to Dallas each year several nationally known research workers to give talks on their work. It is hoped that the student body, medical men of the city and neighboring districts will find these helpful.

The officers for the academic year 1943-1944 are: Chairman, Dr. C. R. Treadwell; vice-chairman, Dr. M. D. Fulton; secretary-treasurer, Dr. J. K. Peden.

dured while true facts are being determined.

Art and visual perception combined have a two-fold purpose: First, the creation of something to see; second, its incorporation into a suitable form for presentation to the observer. The medical teacher is served by the art department as a place where the findings of research and medical thought are recorded and presented to students, doctors and research workers in a manner that will save hours of personal demonstrations. If these demonstrations were possible or desirable, only the students closest by could benefit; whereas, through pictorial recording and duplication, it is now possible for the results of research to be known by other workers in similar fields throughout the world in a very short time. These recorded results may supply the particular knowledge that some worker is lacking which, when combined with his own discoveries, will enable him to give mankind something new in medical treatment or a new technique in surgery.

Through this department in the Medical School of Southwestern Medical Foundation, Dallas has a link in the chain of national and international research and has a place where the best work in research may be demonstrated to the rest of the world. Dallas may become known through its research and medical teaching in a manner that will not only maintain the credit it so justly

(Continued on Page 33)

CLINICAL SOCIETY

DALLAS ORGANIZATION PROVIDES MEDICINE'S GREAT MEN FOR POSTGRADUATE COURSES HERE

By Dr. Ben R. Buford

President, Dallas Southern Clinical
Society

THE Dallas Southern Clinical Society was organized in the spring of 1929, under the sponsorship of the Dallas County Medical Society, by 100 Dallas doctors who adopted the slogan, "To make available to the medical profession of the South the postgraduate teaching material of Dallas."

The society now has an active membership limited to 150 Dallas doctors, especially concerned with augmenting postgraduate education, each of whom is outstanding in professional accomplishments. Admission to membership in the society is by invitation only, and to be eligible for consideration for active membership, a physician must have graduated at least five years prior and must have been a member in good standing of the Dallas County Medical Society for at least one year.

The annual Spring Clinical Conference is the chief activity of the society and is the medium through which the purpose of the organization is accomplished. These spring conferences are of four days duration and bring to Dallas 12 of the most eminent medical teachers of this continent as honor guest speakers, who, internationally known for their successful work in the practice of medicine and surgery, research, and teaching, present the subjects of interest and importance in medicine today. These men appear daily in general assembly addresses, lectures, and symposia. In addition to the addresses by the 12 distinguished guests, there are hospital clinics, round-table luncheons, and special symposia which are conducted by local members of the society.

The attendance at these annual meetings average more than 1,000 physicians who come from practically every state in the United States, Mexico, and Canada.



DR. BUFORD

The mailing list of the society comprises some 11,000 names of physicians, all of whom have attended conferences.

The Dallas Southern Clinical Society is a nonprofit organization, chartered by the State of Texas. The treasurer, who must handle approximately \$12,000 annually, is under bond and a public annual audit of the books assures that all monies collected from the local membership, from registration, and from the exhibits of the various firms offering ethical commercial aids to the profession will be used for one purpose only—the actual expense of the assemblies and other related altruistic medical educational enterprises.

In 1931 an Extension Service was created to assist, on request, adjacent county and district medical societies in providing speakers for their programs. In this way a 12-month service of postgraduate information is made available to the doctors of the Southwest.

In June, 1941, the society extended its activities in the field of postgraduate education with the presentation of a three-day postgraduate session to registrants from eight states. These courses for the continuation of medical study are conducted in hospitals and clinics of Dallas and the smallness of the groups allows for an intimate contact between the instructors and the registrants. The courses are designed for both the general practitioner and the specialist and are open to any doctor of medicine who is a member of his county medical society. The teaching staff for these courses is made up of members of the Dallas Southern Clinical Society and the teaching staff of the Southwestern Medical Foundation School of Medicine. The courses are intensively practical and are conducted at the bedside and in the clinics of Dallas. Various courses are presented in such a manner that the registrant may refresh himself on the fundamentals of the subject as well as be informed of and see applied the most recent advances in diagnosis and treatment. Registration for these courses is limited, and to date each course presented has been filled to capacity. The busy doctor of the Southwest who has found it difficult to take time off to go to distant

centers for postgraduate training welcomes this opportunity and the future prospects of such a program will undoubtedly be beneficial to medicine both in Dallas and in the Southwest.

To stimulate greater individual scientific research in medicine among Dallas physicians, the society created in 1941 an award in the form of a suitably engraved plaque to be presented annually to that doctor who, in the opinion of a committee appointed by the president of the society, has contributed the most meritorious services to the advancement of medicine. The award bears the name of the society's first president, Dr. Oscar M. Marchman, and is called the Dallas Southern Clinical Society's Marchman Award.

Facilities for delving into unknown problems of medicine are a necessary part of any great medical center, and the Southwestern Medical Foundation will provide for the first time in Dallas adequate facilities for this purpose. It is the hope of the Dallas Southern Clinical Society that this annual award will encourage and stimulate more doctors to devote their time in this direction.

The Dallas Southern Clinical Society is proud of its members who are in the armed forces. At the present time approximately one-third of its entire membership are in some branch of military service.

The inception and development of the Southwestern Medical Foundation, with the purpose of sponsoring and promoting medical education and research, is a natural corollary to the progress of the Dallas Southern Clinical Society. The majority of the members of the society are on the teaching staff of the Southwestern Medical Foundation School of Medicine, and the alignment of the Dallas Southern Clinical Society with the Southwestern Medical Foundation is nothing less than expedient, as the membership of the society has been and will continue to be interested in graduate and undergraduate teaching. In all probability the Society, in the near future, will be housed among the buildings of the Foundation and all of its future clinics will be held around that institution. We are hopeful that in the near future the Dallas Southern Clinical Society and its membership will be able to conduct continuous postgraduate study, the same as the continuous undergraduate study that is being carried on at the present time at the Southwestern Medical Foundation School of Medicine.

CITADEL OF HEALTH

The Southwestern Medical Foundation



Dr. E. H. Cary, president of the Foundation. His ceaseless work for medical progress in Dallas over the past 40 years has earned for him the title of "founder".

IN JUNE of this year the Southwestern Medical Foundation opened its School of Medicine adjacent to the city-county Parkland Hospital, the first major step toward realization of a long-cherished dream: a great Medical Center for Dallas. From this beginning time and the inspired labor of the Foundation will produce on the 35-acre tract adjoining Hines Boulevard a Center consisting of all the many buildings and facilities essential for medical practice and research to make this city among the nation's foremost in this field.

Because teaching is basic in development of such a Center, the school was the first institution established. Although in temporary quarters, it already is functioning efficiently, with a large student body including numerous young men who have been assigned there by the Army and Navy for training before duty with the medical units of the armed forces. A skyscraping Medical Education Building, as permanent quarters, is the first postwar project in the Medical Center program.

Most of the pictures on this and the three succeeding pages are devoted to the Medical School, its staff and teaching activities.

The School of Medicine, as seen from the top of Parkland Hospital. Although now in temporary quarters, it is fully equipped and competently staffed. These buildings will be replaced after the war by a permanent Medical Education Building.





with bronze bust of Dr. Cary over-
 onage T. Caldwell, Dr. Joseph M. Hill,
 Lewis, Dr. Herbert C. Tidwell,
 William W. Looney.

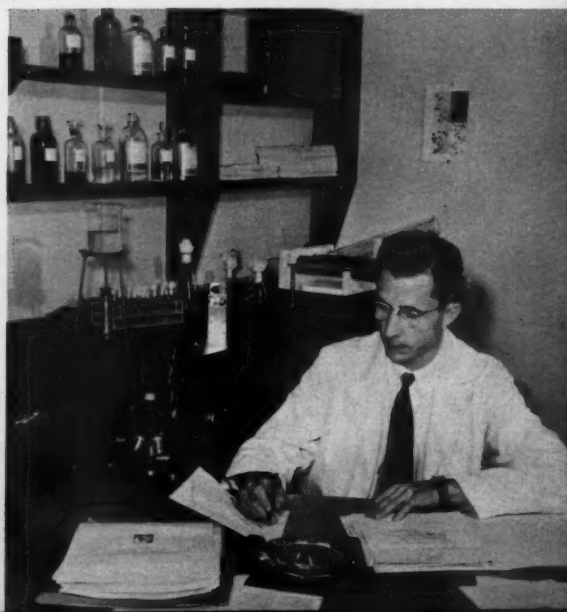


Dr. William W. Looney (pointing), professor of anatomy, uses a section of a human organ, mounted under glass, to illustrate his words while this small group of students looks on with interest.



K IN THE LABORATORY, SEEK OUT THE MYSTERIES OF DISEASE WITH THEIR MICROSCOPES

PROFESSOR OF BACTERIOLOGY, ADDRESSES AN INTENT CLASS IN ONE OF THE SCHOOL'S LECTURE ROOMS



The School of Medicine provides a number of individual, private rooms, with equipment, for research by its staff. Dr. Robert M. Pike, assistant professor of bacteriology and immunology, is pictured in one.



Students of the Army Specialized Training Unit at the school stand inspection by Col. Henry F. Philips, commanding officer, and Lieut. W. E. Landis, adjutant.

Nurse training eventually will become one of the major activities of the Medical Center, with expansion of Parkland Hospital's Nursing School, in which these comely girls are students.



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ALLA

MEDICAL PLAN

DALLAS COUNTY PROGRAM BRINGS MEDICAL CARE TO LOW-INCOME GROUPS AT LOW COST

By Dr. David W. Carter

Secretary-Treasurer, Dallas County Medical Plan

THERE is no argument about whether we should live or die. The health of the people is above controversy. Medical care is a basic need, a human right as fundamental as the right to food, clothing and shelter. But there are many employed people who are medically indigent. As one doctor said, "They try to balance their marginal budgets by neglect of their health." Doctors have always taken care of "charity" patients and will continue to do so, but the question confronting many doctors today is, how can medical care be provided for the many employed people in the low-income brackets, and done in an American way by allowing the people free choice of their doctors?

The doctors of the Dallas County Medical Society believe they have found the answer to that question. Over a period of five years this progressive and public-spirited organization of physicians recognized the need for some type of prepaid plan for medical services in the low-income groups, and during that period made a study of all medical plans throughout the United States. In March, 1940, the Dallas County Medical Society appointed a medical economics committee as their representative to enter into negotiations toward the establishment of a prepaid medical plan in some industrial organization in Dallas for one year of experimental study in order to better determine more facts regarding actuarial figures.

On July 1, 1940, the Dallas County Medical Plan, as developed by the Dallas County Medical Society, began operation after securing a charter from the State of Texas.

The purpose of the plan, a non-profit, prepaid medical plan, is to assist the residents of Dallas County in the low-income groups to obtain medical services when needed, in return for a small monthly subscription payment. The plan does not attempt to furnish physicians. The subscribers may select doctors of medicine who are members of the Dallas County

Medical Society who have registered with the plan to render authorized services.

The fundamental principle adhered to in the development of the Dallas County Medical Plan is to preserve the present relationship between the physician and the patient, except in the manner of making payment to the physician. The essential principle of free choice of a physician has been definitely maintained, and the relationship between the patient and the physician is the same as in private practice, in which physicians have an ethical and legal responsibility to their patients.

All members of the Dallas County Medical Society are eligible to register and participate in the plan and to render medical services to the subscribers. Dallas physicians have cooperated wholeheartedly and more than 90 per cent of the membership of the Dallas County Medical Society are doing so.

The corporate powers of the plan are exercised by a board of directors of eleven persons—two-thirds of whom are members of the Dallas County Medical Society, the remaining one-third being lay representatives—who are elected at each annual meeting of the members of the corporation. The officers of the organization are elected by the board of directors. No officer or member of the board receives compensation for his services.

The subscription rates of the Dallas County Medical Plan were determined in accordance with two major factors:

1. Equitable fees for medical and surgical services to be rendered to subscribers.
2. The ability to pay of the persons to be served.

All employed persons under the age of 65 are eligible to participate in the plan provided they are enrolled in groups of 20 or more. At least 60 per cent of all the employees of an organization must be enrolled in order to participate. Experience has proven that group enrollment and at least 60 per cent of the employees of an organization are definite requisites for successful operation. The benefits of the plan are available to unmarried subscribers whose annual income does not

exceed \$2,000, and to married individuals whose income is not in excess of \$2,500 annually.

Since the plan began operation, an average of 42 per cent of all subscribers enrolled have been patients of doctors of their choice, and an average of 38 per cent of the physicians registered with the plan have rendered services to subscribers. Approximately 59 per cent of the total income from premium receipts has been expended for medical and surgical services to the subscribers, while an average of only 14 per cent has been spent for administrative expenses.

The personnel manager of one of the larger groups reported that during the first six months the employees of his organization were enrolled with the Dallas County Medical Plan, there was considerably less time lost because of illness, and the length of illness of the average employee decreased approximately 92 per cent. He found the employees to be more efficient, and their morale was much improved because of the knowledge that the cost of medical care was paid for. He also found that the percentage of lay-offs due to illness was reduced more than 90 per cent, and the hour-absentee decreased from 15 to 20 in every 100 employees to an average of five, thus saving thousands of work man-hours.

Subscribers to the Dallas County Medical Plan are entitled to receive complete medical and surgical care by doctors of medicine, of their choice, who are registered with the plan, except for the treatment of tuberculosis, venereal diseases, nervous and mental disorders, and the conditions that are covered by workmen's compensation laws.

In the plans for the future development of Dallas as a Medical Center, the Dallas County Medical Plan has a distinct field of usefulness by making available, to members of the low-income groups, medical services at reduced cost without sacrifice in the quality of the services rendered. The plan has already demonstrated its effectiveness in reducing the length and the incidence of illness among its subscribers because of the availability of the best medical care to its subscribers.

OUT-PATIENT WORK

PARKLAND HOSPITAL DEPARTMENT PROVIDES MEDICAL CARE FOR POOR, AIDS TEACHING

By Dr. Thorpe Ray

Director, Out-Patient Department
Parkland Hospital

THE out-patient department of Parkland Hospital is designed for the diagnosis and management of the minor and chronic illnesses. It also serves many other purposes. All patients who require hospitalization, excluding emergencies, are first seen in the out-patient clinic and then admitted to the hospital. Those patients who have received hospital treatment and those who have been treated in the emergency department are referred to the out-patient clinic for observation, removal of sutures, dressings, and continuation of medical and surgical treatment.



DR. RAY

At the present time the out-patient department occupies the first two floors and part of the third floor of the south wing of the hospital building. This floor space is divided into many examination and treatment rooms, but there is a need for more floor space for the best efficiency. The number of patient-visits yearly makes the need for a large physical plant obvious.

The Parkland Hospital out-patient department is one of the largest in the Southwest and by far the largest in Texas. During the past four years there have been approximately 214,000 patient visits yearly. All of these patients are from Dallas and Dallas County. All patients registered in the clinic are available for teaching purposes and the department may be expected to play an increasingly important service to the Southwestern Medical Foundation School of Medicine.

The out-patient department is divided into many services: social service department, clinical laboratory, X-ray and the departments of medicine, surgery, obstetrics, gynecology, urology, cystoscopy, orthopedics, otolaryngology, ophthalmology, dermatology and syphilology, pediatrics, proctology, neuro-psychiatry, tumor clinic, and the medical

specialties of allergy, diabetes, endocrinology, cardiology, gastro-intestinal disease and diseases of the chest.

The many functions of the social service department are essential to the operation of a large out-patient clinic. It is the function of this department to determine the eligibility of patients for admission to the out-patient department. There are many other essential services performed by this department such as transportation of patients to and from the hospital, arranging for home visits, providing medicine and helping to secure economic aid for the needy.

As previously stated, all patients are "teaching cases". This should be defined more clearly. This implies that the senior students are required to record a history, do a complete physical examination, recommend diagnostic and therapeutic measures. The activities of the students are under the supervision of a clinical instructor. There is an instructor in each clinic.

From the number of specialty clinics operating in the out-patient department it is apparent that the patients have access to a wealth of consultation service. Thus a patient who is seen in any clinic is seen by an attending clinical instructor and if there is any question of heart disease he has a complete investigation in the "heart clinic". This type of service is available to all registrants in the out-patient department. For the average person the cost of several specialty consultations is almost prohibitive. It must be remembered that the value of a consultation depends entirely on the consultant. The attending physicians are members of the faculty of the Southwestern Medical Foundation School of Medicine and thus the relationship of the Parkland Hospital Out-Patient Department and the new medical center become apparent. The medical school needs a wide variety of patients for clinical demonstration purposes, for which nearly all diseases are found in the out-patient clinic. To insure the best possible care to the indigent patients of Dallas County the services of the faculty members of the medical school are essential.

There is an excellent laboratory and X-ray service available to the patients. In

(Continued on Page 34)

Only by doing can medical students acquire the knowledge and experience so essential to making good doctors. At the Southwestern Medical Foundation's School of Medicine, students, under the direction of faculty members, treat charity patients in near-by Parkland Hospital's out-patient department. In the picture are several students which the Army and Navy have assigned to the school for medical training, examining a patient.



POSTWAR GROWTH MUST BE
ENCOURAGED BUT KEPT
UNDER CONTROL

Building Boom

ON THE WAY FOR DALLAS

By William S. Allen
Research Consultant

WHAT do leaders of Dallas in the architectural, building, construction and realty fields think of the future? That was my objective this month—to discover why and how Dallas may confidently look forward to greatly increased industrial, commercial and residential expansion during the postwar period.

Will the scope and direction of local activity reflect to considerable extent the coming construction spurt throughout the nation? Where and when will this building boom, which has been widely predicted, exert its force to the fullest degree? Along what particular lines?

I asked these questions and many others in the course of my interviews with Hugh E. Prather, president of the Dallas Real Estate Board; George L. Dahl, architect; Hal C. Dyer, president of the Dallas chapter, Associated General Contractors of America; George P. (Bud) Macatee, president of Macatee, Inc., building materials; and others. The quick, cursory cross-sectional survey uncovered striking facts and forecasts.

The discussions concerned such vital subjects as availability of strategic factory sites, store modernization, warehouse space, streamlined office buildings, miracle homes, and city planning. Perhaps the reader will not agree with all the opinions of these men, but he probably will concede this: Dallas looks as if it were headed toward a wave of construction undreamed of before Pearl Harbor. This construction will not comprise a runaway boom, but a solid and lasting growth. The only element that can hold it back at the end of hostilities is lack of planning—now.

Specifically, Hugh Prather pointed

This is the second article contributed to DALLAS Magazine by Mr. Allen, the first appearing last month as a survey of the business and industrial opportunities in the Southwest after the war. Mr. Allen's regular work is as a research consultant and in sales promotion.

out what he believes is the most important project as the background for a new and greater Dallas. It is the industrialization of the Trinity River basin.

"The Trinity River district of Dallas is hand-made for the development of industry," he said. "Future threats of floods no longer exist. Already 25 to 30 million dollars have been spent for leveeing the river."

Of course, Dallas is only the spearhead of the gigantic Trinity River area, which embraces thousands of square miles from the Oklahoma line to the Gulf.

"But the advantages for Dallas are unmistakable," Mr. Prather continued. "Here are the possibilities for all essential forms of transportation. Today four comparatively new passenger viaducts span the river. The T. & P. Railroad has rebuilt one. Airport facilities are close at hand, ripe for development.

"Then, there is the question of available labor supply; while the population of Dallas continues to gain, the proportion of skilled labor is increasing even more rapidly. The various viaducts serve as an easy connecting link between Dallas and Oak Cliff. In Oak Cliff alone are some 150,000 people, including today many newly-skilled workers."

Such factors as these furnish incentive for further factory construction. As Eric Johnston, president of the U.S. Chamber of Commerce, said recently here, "Texas has the resources, proximity to South America and available labor to make it attractive to industrialists."

Shall we, then, take advantage of the "currently accumulated, deferred demand for new plant capacity in unexpanded civilian goods industries?" The F. W. Dodge Corporation states that "despite an anticipated surplus plant problem after the war, we foresee a 30 per cent increase in industrial plant construction in the postwar decade as compared with the 1930-1939 period."

Will Dallas show the same proportionate increase, or better?

Today the amount of impending construction of new plants is not clear. But possible modernization of old structures is more apparent. Competition is a driving force. Factories everywhere will be modernized in the scramble to bring down costs of production and to effect all possible savings in operating expenses. It is estimated that 80 per cent of America's present industrial plants are now obsolete in comparison with plants built recently for war production. Local authorities believe that somewhat the same percentage prevails here.

In the commercial field, modernization of stores, office buildings, and miscellaneous structures will involve considerable construction. Here in Dallas accurate estimates are not available; however, it is believed that the nation's retail merchants will spend from 100 to 300 millions of dollars in the remodeling of store fronts and interiors during the first year following the war, according to R. L. Clause, president of the Pittsburgh Plate Glass Company.

There is less uncertainty in this city concerning the future of warehouses. Obviously no additional warehouses are needed. True, seven of the larger warehouses here fairly bulge with household articles and army supplies. But before the war there was an excess of about 50 per cent in warehouse facilities. After the war, when private and government goods are removed, the normal slack may be expected to be removed by an increased tempo of business generally. Branch offices of companies will be reopened and many will be expanded. Others will want warehouse accommodations, ranging from mere telephone listings to complete storage, display and office facilities. Companies making radios, refrigerators, gas ranges and other items now out of circulation will seek space to supply the pent-up demands for consumer goods.

The skyline of Dallas also is destined to undergo spectacular transformation.

"It will be dotted with new, streamlined skyscrapers breaking through the horizon within five years after World War II," Hal C. Dyer declared.

Evidence? Here is Mr. Dyer's. The last major hotels—the Baker, White-Plaza and Scott—were built about 1925. Titche-Goettinger Building was completed in the late 20's. Neiman-Marcus built an addition and remodelled around 1933. The city's newer structures were

(Continued on Page 29)

War Chest Campaign Off To Good Start in Dallas

After starting off with tremendous enthusiasm and some sizable contributions, the second War Chest campaign has steadily gained momentum and is rapidly approaching the final phase of its solicitation, according to D. A. Hulcy, campaign chairman.

Figures were not available when DALLAS Magazine went to press, but Big Gifts, headed by Nathan Adams, was

proceeding on schedule. Special gifts, under the leadership of R. L. Thornton, had three teams over the top at the kick-off meeting on Oct. 4, and more than \$300,000 collected by the second report meeting.

Recruiting of all division leaders and workers for Employee solicitation has been completed, and double-header kick-off meetings were held on Oct. 25 for the Business teams, led by E. P. Simmons, and on Oct. 26 for the Large Companies, headed by R. G. McCord. Thousands of Dallas men and women are now in the field, carrying the War Chest appeal to every office and home of the city.

Special solicitations are being conducted in the Negro community, in war industry plants, and in all county communities.

"The people of Dallas are helping make this campaign a great thing," said Mr. Hulcy, "both in their generous giving of money, and of time in soliciting. It is no wonder that Dallas is looked to as a leader among the cities of our nation,

when it gives such splendid response in a project of this magnitude and effort."

J. B. Adoue, Jr., president of the War Chest, added his appreciation both for the Dallas campaign, and for the National campaign, and for the National War Fund, of which he is vice-president and which includes 17 agencies that will be benefitted by the \$1,500,000 goal. Fifty-two agencies in all are included in the one united appeal.

Children's Center

(Continued from Page 11)

Thus the work is never ending; it continues here and new cultures are planted where needed, and so the process is extended and continued that children may have that excellent care that they need.

The medical staff of the Center is one staff. All local child specialists work as a unit, working at all three institutions in a planned manner, and all teaching medical students and instructing the resident house staff doctors in the diseases of children while caring for the sick patients.

Dallas has in this Center something of which it can be proud. The Southwestern Medical Foundation Medical School and the Children's Medical Center are united in this work. The Children's Medical Center unselfishly aids the coming generation of citizens to have and enjoy that priceless possession of a strong mind in a strong body.

Dallas Hospitals

(Continued from Page 12)

pital, with only a brief past, has found a grateful public and already in the summer of 1941 the hospital had to expand. Its future is one of success offering protection to the public-at-large and serving whomsoever calls upon it in distress occasioned by accident or disease.

1939—Another chapter in Dallas' hospital growth was written when the new private 37-bed Gaston Hospital opened for general clinic and diagnostic work. In 1940 a beautiful 18-bed air conditioned wing was added. Also 1939 saw the incorporation of the Carman Sanitarium devoted to the treatment of tuberculosis with a 21-bed capacity.

1940—The United States Veterans Hospital opened its doors to give health and life to the soldiers of the first world war—a service to the living, a Christian tradition.

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DALLAS, TEXAS

WASHINGTON

By DALE MILLER

Representative of the Dallas Chamber of Commerce
in the Nation's Capital

Dangerous Dollars

THE Treasury tax program was quickly and irreverently interred by the Ways and Means Committee when it was proposed on October 4, and it may not be in good form to speak ill of the departed. But inasmuch as it may be resurrected before the Senate Finance Committee, a brief autopsy would not be inappropriate.

As a device to raise revenue, the Treasury program was orthodox enough. It sought principally an increase in income rates and excise taxes, and regardless of the merits of the program, it at least followed a well-traveled path without meandering through a wilderness of experiment. But the program was of course not intended simply to raise money, and the tax bill which eventually emerges from the Congress will not have as its primary purpose the raising of money. Tax increases are being sought chiefly to combat the menace of inflation, to soak up excess purchasing power which otherwise would be spent on a dwindling supply of consumer goods.

It is with respect to this obligation of the administration to combat inflation that the Treasury program becomes a truly remarkable document, one which should go down in history as an example of politics at work in wartime. It sought to raise some \$10,500,000,000, and superficially it would seem that the draining off of such a substantial sum would be helpful in controlling inflation. But even a casual examination of the program disclosed at once that the Treasury is eager to extract this vast sum from classes of taxpayers who are not contributing to inflation, while releasing large classes who are contributing to inflation from the payment of any taxes whatever. A simple breakdown of the Treasury statistics reveals that the heaviest burden would fall on a small

percentage of taxpayers who earn over \$5,000 annually—persons who produce only one-sixth of the taxable income—while some 26,000,000 taxpayers, those earning less than \$2,000 annually, would be relieved entirely of their income tax liability or would have their tax payments refunded after the war.

The program was too much for either Democrats or Republicans to swallow, and after one committee member dryly wondered "how much politics and how much revenue is wrapped up in this program," it was quietly laid to rest.

The principal damage wrought by the submission of this program lay in the circumstance that it cast doubt on the administration's sincerity in the struggle to control inflation. Everyone knows where the danger of inflation lies. Everyone knows that the salaried middle class, with a more or less fixed standard of living, is shouldering a heavy tax burden and has neither the inclination nor the extra cash to contribute to the inflationary trend. And everyone knows that the excess spending money is funneling rapidly and heavily into the pockets of millions of people in the so-called lower classes, people who customarily neither save nor invest. It is no secret that there is where the "dangerous dollars" accumulate, and it necessarily follows that any program to control inflation must place its emphasis there. But what is sound economics is not always good politics—and 1944 is an election year.

In an article on the tax situation I

wrote for DALLAS Magazine exactly a year ago appeared this paragraph: "One can still wonder why the tax problem is not being dealt with more realistically. If its purpose is primarily to combat inflation by soaking up excess purchasing power, it is surprising that the soaking up process is being energetically applied where the excess purchasing power does not exist. The average middle-class American is earning little, if anything, more today than he earned before the war, yet his burden of taxation has grown enormously, while other groups whose income has increased substantially have not been effectively reached by the tax program. Some sort of formula must yet be worked out which will disassociate abnormal war profits from normal income and be applied accordingly. A fair and equitable tax program will not materialize otherwise."

This was written for DALLAS Magazine for its November issue of last year, and I take the liberty of quoting it to suggest again that the heart of the vexatious problem of protecting the national economy has not yet been reached. The Ways and Means Committee, however, seems more realistic about this problem than it has at any time in the past, and it is not improbable that a forthright solution will eventually be written into law.



DALE MILLER

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AMERICAN CASUALTY & LIFE CO. 6th Floor, Thomas Building.....R-5473	FAKES & CO. 1307 Elm Street.....C-1237
ANDERSON FURNITURE CO. 2101 Elm Street.....R-6326	FIRST TEXAS CHEMICAL MFG. CO. 1810-16 North Lamar Street.....R-9181
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DR. PEPPER CO. 429 Second AvenueT-3-8164	KLAR & WINTERMAN 2310 Elm Street.....R-1696
EASTMAN OIL WELL SURVEY CO. 1515 Fort Worth Avenue.....R-3239	LAWYERS TITLE OF TEXAS INC. 1107 Main Street.....R-9858



Dallas' great Medical Center of the future is pictured above in the architect's drawing. Institutions as numbered are: 1. Medical College, Administration Library and Research. 2. Histology and Embryology. 3. Pathology and Pathological Museum. 4. Auditorium and Lecture Hall. 5. Gross and Neuro Anatomy. 6. Anatomical Museum. 7. Institute of Tropical Diseases. 8. Institute of Public Health. 9. Diabetic Clinic. 10. Radium and X-ray Research. 11. Cancer Research. 12. Cancer Clinic. 13. College of Dentistry and Dental Clinic. 14. Institute of Medical Research. 15. Blood Plasma and Serum Center. 16. Experimental Medicine and Experimental Surgery. 17. Student Activities Building. 18. Postgraduate College. 19. Animal Hospital. 20. Fraternal Quadrangle. 21-22. Tubercular Center. 23. State Psychopathic Hospital. *24. Parkland City-County Hospital. 24-A. Parkland Hospital Addition. *25. Power Plant. *26. Future Internes' Quarters and Present Nurses' Home. *27. New Nurses' Home. 28. Negro Hospital. 29. Isolation and Contagious Hospital. 30. City-County Tubercular Hospital. 31. Out-Patient Free Dispensary. *32. Scottish Rite Hospital for Crippled Children. *33. Hope Cottage. *34. Freeman Memorial Clinic. *35. Children's Hospital of Texas. *36. Bradford Memorial Hospital for Babies. 37. Alex A. Slaughter Memorial Home.

*Identifies Existing Buildings

THOS. G. LEACHMAN	
5540 Preston Road.....	J-8-6185
LONE STAR SCHOOL BOOK DEPOSITORY, Inc.	
707 Browder	R-8721
S. H. LYNCH & CO.	
2101 Pacific Avenue.....	C-2413
MARTINS LAUNDRY & CLEANING CO.	
3600 Ross Avenue.....	T-3-2131
McGAUGH HOSIERY MILLS	
4408-10 Second Avenue.....	H-4187
NATIONAL TITLE & ABSTRACT CO.	
813 Praetorian Building.....	C-8775
NELMS WHOLESALE CO.	
1705 Forest	H-5175
OAK FARMS, Ltd.	
1114 North Lancaster.....	W-1121
PEASLEE-GAULBERT CORP.	
2700 Canton Street.....	R-9671
PEPSI-COLA BOTTLING CO OF DALLAS	
2100 North Harwood.....	R-4833
THE PRAETORIANS—Family Life Insurance	
Dallas, Texas	R-5181
THE SCHOELLKOPF CO.	
806 Jackson Street.....	C-1253
SEARS-ROEBUCK & CO.	
South Lamar and Arnold.....	R-9771
SEVEN-UP DALLAS CO., Inc.	
2700 Live Oak.....	T-3-4127
THE SIMMONS CO.	
945 South Lamar.....	R-4174

SOUTHWEST INDUSTRIAL EQUIPMENT CO.	
3215 Canton	R-1634
SOUTHWESTERN PUBLIC SERVICE CO.	
Republic National Bank Building.....	R-5976
TEMPLE MFG. CO.	
3103 South Haskell.....	T-5123
TEXAS SANITARY TOWEL SUPPLY CO.	
3305 San Jacinto.....	T-3-4822
TEXAS STATE LIFE INSURANCE CO.	
Texas State Building.....	C-6287
TEXLITE, Inc.	
2900 Factory Street.....	D-4-1741
THE O. J. THOMPSON CO.	
2821 Bryan Street.....	T-3-7315
VANETTE HOSIERY MILLS	
6001 Maple Road.....	L-5104
WARE SUNDRIES CO.	
719 Browder	C-3624

Venereal Control

(Continued from Page 10)

and at present the budget is approximately \$40,000 per year. Besides routine diagnosis and treatment, there is a separate

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fund for research, this year amounting to \$13,000. All research funds are advanced by the Southwestern Medical Foundation. The Foundation is reimbursed by the Office of Scientific Research and Development. Without the Foundation's support, these funds would be unavailable.

In January, 1937, the average daily attendance to the clinic was about 200 patients, and there were eight full time employees. Today, the average daily attendance at the clinic is 500 patients, and there are 18 full time employees.

A total of 126,666 treatments for syphilis and venereal disease were administered by the clinic in the fiscal year ending Oct. 1, 1943. Over 112,000 treatments were for syphilis alone. In the year ending Oct. 1, 1942, there were 114,524 treatments, and as of Oct. 1, 1941, there were 118,395 total treatments.

The saving in manpower for war industries in this locality cannot be accu-

ately evaluated but, from the above figures, must be regarded as a major contribution.

The clinic is open daily from 8 a. m. to 5 p. m. for routine diagnosis and treatment, except Saturday and Sunday. It is open over and above these regular hours for special treatments; in the main for research patients, but also for persons requiring emergency prophylaxis treatment. Actually, patients can be seen at the clinic on a 24-hour, seven days a week basis, excepting the hours from 6 to 9 p. m.

As a major part of the clinic's function, a special department investigates and brings under observation contacts reported by the armed forces. These number several hundred each month.

In Texas this problem of getting sex contacts of soldiers under treatment is colossal. Because of the size of the state and the number of soldiers available, Texas women infect more troops than any other state in continental United States (1000 per month). Therefore, our venereal disease control in the civilian population is the largest problem of any state in the United States. Dallas occupies third place, San Antonio and Houston accounting for more new venereal disease infections in the Army until last month (September), when Dallas moved into second place. Our problem is enormous!

In another special department, all selectees who have been examined and found to have a venereal disease are contacted and cared for.

In a third separate department, devoted exclusively to investigation of rapid methods of cure of early syphilis, are three full time nurses and two half time physicians.

Only within the past week this particular clinic has been designated as one of five in the United States to investigate a new treatment which shows promise of simplifying the treatment of syphilis and other venereal diseases in a revolutionary manner.

In conclusion, the increase actively on the part of the clinic personnel, of both routine treatments and unexpected added duties associated with the war effort, together with a very active research program, has had to operate under the handicap of having lost two medical consultants, now on active duty in the Navy and two full time examiners, now in active duty in the Army. The entire permanent staff is carrying an infinitely greater responsibility and load than in previous years.

Building Boom

(Continued from Page 23)

built as far back as 1930 and 1931. They include the Tower Petroleum Building, Dallas Power & Light Building and the Dallas Gas Company Building.

The only one built since the 30's has been the new Mercantile National Bank Building. And what happened? About 98 per cent of this building's space was leased three to four months before it was ready for occupancy. Today no vacancies exist.

Dallas finds itself suddenly shoved ahead decades as a great metropolitan center, and Mr. Dyer believes that opportunities unfold themselves without precedent for the operation of new urban and suburban theaters, spacious new department stores and other businesses, and for the construction of these and also better school houses and other public buildings.

George Dahl looks forward to at least a 40 per cent increase in building permits in Dallas during the first five years after the Axis powers are defeated. Translated into dollars, this would mean permits of more than \$25,000,000 annually for that period. Such an estimate compares with building permits aggregating \$16,204,588 in 1940 and \$17,264,570 in 1941, for Greater Dallas.

Mr. Dahl sees other changes. "Actually, a safer, healthier, more beautiful city is in the offing," he explained. "New building codes now being prepared will make Dallas safer, because combustible materials will be eliminated in structural development of buildings; healthier, because plumbing codes, improved ventilation, proper wiring, etc., will effect better sanitation; more beautiful, because city zoning will define certain areas as acceptable for certain types of development.

"The skyline will be more integrated, less confusing—with structures of more uniform or suitable height adjoining one another."

Mr. Dahl also sees new building codes as effecting a marked improvement in design.

"Fire hazards will be reduced," he said. "For instance, fire escapes are not needed today for any properly designed building. There will also be a marked tendency toward simplicity. Superfluous overhanging cornices and ornaments will be outmoded. The mass of any building will count more than the silhouette."

Mr. Prather visualizes the growth of

Dallas also from an artistic as well as a material standpoint. His attention has long been directed to the development of well-planned and orderly residential communities. His interest in architecture is illustrated by his pioneering of the Highland Park Village and residential sections in that general vicinity.

There is room in Dallas for many more such shopping villages, civic areas and residential developments. As Mr. Prather wrote recently in this magazine: "Former blighted areas will be reclaimed for the common good, as parks, playgrounds, sites for civic centers, auditoriums, museums, schools, great new apartment districts, all within walking distance of the center of the new city."

Among Mr. Prather's ideas for the future is the removal of the Cotton Belt Railroad tracks and making the right-of-way into a boulevard coursing directly through the Highland Park, University Park and Greenway areas. It would bring into the path of development thousands of acres of residential property extending up to seven miles beyond Highland Park. Mayor Woodall Rodgers expressed a similar viewpoint in an address before the Dallas Real Estate Board.

Other plans and projects include, of course, the creation of Central Boulevard, involving the removal of the Santa Fe tracks and providing a direct route between North and South Dallas.

Arterial streets and highways will pave the way for suburban expansion. The nation "will build 1,000,000 homes a year for many years to come, after war," Eric Johnston told his Dallas audience. And in this city the shortage of homes is an accepted fact. The vacancy average today is estimated at less than one-quarter of one per cent. This compares with a 6 per cent average in 1942. Experts have estimated that 120,000

dwelling units will be required to offset the need, including that of newcomers, in Greater Dallas.

What sort of homes will be built, and from what kind of materials? Volumes could be written on the technological improvements developed during the exigencies of war. However, let us curb

(Continued on Page 31)

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Taming Morphine

(Continued from Page 10)

duced a reaction on the intestine which simulated the effects of an active dose of morphine alone. There were two differences: peristaltic activity was not so greatly reduced as when an active dose of morphine alone was administered and the effects did not last as long. The former consideration has clinical importance, as we shall see later. The short duration of action was undoubtedly due to the fact that very small doses of each of the drugs were used. Such an effect was clearly a sign of potentiation, since neither of the drugs in the doses used had any effect when given separately.

To ascertain if this peripheral potentiative effect was to be found only when "eserine" was used, synthetic prostigmine was tried in relation to the effects of morphine on the stomach activity of unanesthetized dogs. We found that potentiation also existed between prostigmine and morphine. There was a practical reason as well for the substitution of prostigmine for eserine. We hoped that it would be useful clinically in the relief from pain when combined with morphine—we likewise knew that it was a safe drug to use if proper doses were administered.

In order to ascertain whether prostigmine would enhance the pain relief quality of morphine, we have conducted experiments on cats by use of a humanistic method of recording during which the animals did not suffer, and it was determined that only half as much morphine was needed to relieve pain when this amount was combined with prostigmine as when morphine was given alone. This

showed then that the synthetic drug prostigmine markedly increased the effectiveness of morphine in the relief of pain.

Having raised a background from the experimental angle, we felt that it was pertinent to make certain clinical observations using combinations of prostigmine and morphine. Persons who came to the clinics in two large indigent hospitals, and who required an opiate, were chosen at random. In a few instances we were able to make these patients their own controls, i.e., the effects of 16 mg. of morphine on pain relief was compared with 8 mg. plus prostigmine. The important differences between the effects of the combination dose as compared with the larger dose of morphine are two; the analgesic action comes on more quickly and lasts longer.

One of the chief difficulties in this problem is the fact that we know so little about pain and how it is mediated. Much more work needs to be done by the physiologist in an attempt to explain the mechanism of the production of pain. There is a decided tendency to accept the hypothesis that acetylcholine is a transmitter of central stimuli. The very fact that morphine is potentiated by prostigmine, a cholinergic protecting drug, suggests the possibility that morphine may counteract pain by altering in some manner the neurohumeral transmission of impulses in the central nervous system. There is no question but that there are many other factors such as emotion, psychological outlook, and well-being which enter into the picture of the relief of pain. We are still a long way from an objective analysis of these more or less intangible aspects.

To complete our proposed projects regarding the enhancement of morphine analgesia by prostigmine, we completed, a few months ago, studies on the human subject making use of a modified Hardy & Wolff pain-threshold apparatus. We feel that our changes have made this method much simpler to operate and more "foolproof." As an example of its efficacy, we found that a statistical analysis of 322 normal values gave a probable error of 0.231 as expressed in per cent of the mean. In this study, doses of morphine, codeine, pantopon, and dilauid were administered in varying doses with and without prostigmine. A report regarding the effects of prostigmine on morphine threshold raising activities was given at the Federation of the American Societies for Experimental Biology, held in Boston, March 31-April 4, 1942.

When the per cent change of pain-

threshold activity is plotted against time, it can be shown that prostigmine alone has no pain-threshold raising activity. In fact, pain threshold values were decreased when this drug was administered by itself. Further, the combination of 8 mg. of morphine plus prostigmine had a greater effect in raising pain-threshold than did 16 mg. of morphine alone. And, certainly, the combination is far superior when compared with the effects of 8 mg. of morphine alone. In analyzing the data we include only the effects of the first two and a half hours of the results. We found that this period covered the peak of effects. After this time elapse, the effects of the drugs administered either remained unchanged for a while or gradually diminished.

The combination of the two drugs (morphine, 8 mg., plus prostigmine, 0.5 mg.) also resulted in a more rapid rise in the pain-threshold. As already stated, such has been our experience in previous clinical observation.

Of particular interest to us in this study however, was the incidence of side reactions. The most common symptoms seen with 16 mg. of morphine were pruritus, somnolence, diminished time perception and muscular weakness. The symptoms observed with the small dose of morphine were, in general, less pronounced. While it is true that the incidence of certain symptoms, due to 16 mg. of morphine was less when only 8 mg. of morphine plus prostigmine was given, it is also true that a similar reduction was noted when only 8 mg. of morphine was given alone. However, it is to be pointed out that the combination dose produced a much greater pain-threshold raising effect than did the 8 mg. of morphine alone. Consequently, it is felt that a reduction of unfavorable reactions due to the use of the combination, is of significance from a clinical standpoint. Certainly with a view to the more rapid rehabilitation of combat patients, any drug or combination of drugs which relieves pain and at the same time reduces side reactions such as muscular weakness, nausea, and diminished time perception would be preferable to a drug causing these undesirable manifestations.

At the moment, we are engaged in further studies along these same lines and plan to make use of the electroencephalograph which we hope will give us a more objective end-point for pain-threshold. Perhaps these experiments may give us some insight as to the mechanism of pain reactions—at least that is our hope.

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Building Boom

(Continued from Page 29)

our imaginations. Everybody has read or heard of tomorrow's miracle homes—weather conditioned, sound conditioned, and light conditioned; with movable walls, bathrooms with indirect, concealed lighting, kitchens "the climax of every housewife's dream"—a streamlined unit of plastic or metal containing sink, stove, refrigeration with ice-cube and quick-freeze compartments as well as ample cabinet storage space.

All this, and more, is promised. When? There is no doubt that new ideas, products, materials and methods will be used in the postwar period, but changes will be gradual. Anything new must be tested, proved, produced, advertised, merchandised and sold. The same applies to building materials. Glass, tough enough to support the weight of an elephant, may be utilized for walls. Electronics may control lights. But the consensus of opinion is that basically the appearance of the home will be little changed—and perhaps the materials too.

What about brick, concrete, stone, and other structural materials? Mr. Dyer concludes that we will still use them as during the past 25 years.

"Especially is this logical when you consider that we have the basic materials within 16 miles of Dallas," he said. "Why import glass bricks, costing \$1 each, from Ohio when you can get the best bricks at Ferris for 2½ cents? You can get cement from Chalk Hill, hardly three miles beyond the city limits, and sand and gravel from Eagle Ford pit."

Mr. Macatee shares the general views of Mr. Dyer. "Of course, light metals and plastics will be used," he said, "but so will the older materials. In fact, the uses of some of them will be extended. For instance, it appears that the cost of rock wool insulation will be so lowered that it will be used more than ever. For over a dozen years it has served to keep heat in and out of rooms. Now it will enclose the whole house, including roof, side walls, and the area under the floors."

There is no degree of certainty as to exactly what materials will be most popular when building begins again. Only the green light for non-military construction will provide the answer. Then, some people look for what could easily be the biggest building boom in all history.

"It will be a boom culminating an

upward cycle that began in 1933 and was cut short by the outbreak of war," as one observer expressed it. If so, is Dallas ready? Does Dallas want it?

The answer to both questions is "No." There is another way, and let's hope that Dallas takes it. That alternative is described as "proper planning"—essential to prevent a disastrous decline after a too-sudden upsurge.

Mr. Dyer suggests that construction volume be controlled by "staggering." Thus "construction costs would be stabilized and would not mount to boom-time levels" and subsequent unemployment averted.


"But the time to plan is today," he cautioned.

Here, then, is a panoramic picture of tomorrow's Dallas, as seen through the eyes of authorities. Will it all come true? It is said that "Faith laughs at impossibilities"—and here no impossibilities have been painted.

The city master plan, including a large auditorium, an impressive civic center and super-airports, is a forerunner of future realities.

"Make the master plan your religion for the next quarter of a century," Mayor Rodgers has urged, "and build Greater Dallas into a city second to none in our nation."

With such a spirit Dallas is confronted by only two dangers that can divert and delay its destiny. One is indifference. The other is indecision.



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Medical Center

(Continued from Page 6)

the funds at its next session to carry forward this feature of the Medical Center.

It is quite true that an institution of this character can only render the high service if it is located in a teaching atmosphere where the patients gain the benefit of the best diagnostic facilities, which is a result of a working group of specialists.

In time there will be developed a School of Preventive Medicine and Public Health. Dallas is in the lane of the airplane traffic from South America and Africa. Medical men realize what this means in the spread of tropical diseases and in the development of our Medical Center we recognize the need and are developing a Department of Preventive Medicine and Public Health, which we hope will eventuate in a school of such a character that we will be able to further the education of all the physicians and nurses engaged in public health along with a more definite education of the students who go through the medical school to meet this enlarged public health service.

On the grounds space has been provided for development of research. There are many instances in which individuals will give expression to their desire for furthering research in many fields of medicine.

The recent discovery of the efficacy of penicillin in the cure of many diseases, even more effectively than the sulphadiazine, has opened a wide field of such import that the lowly bread mold, from which penicillin is captured, only suggests the possibilities of what may be discovered by those interested in research. When they have the opportunity of this wide field of experiment, new discoveries

may be made which will prove a boon to humanity in destroying many types of infections to which the human is subject and which create diseases that have not heretofore been mastered.

The possibilities in research and the development of new therapeutic discoveries are just now open vistas, to which scientists have opened the doors. Apparently infections which have been difficult to control are in many instances ready for solution.

The trustees of the Foundation have been interested in this development around Parkland, not only for the clinical advantages which come to teaching, but because of the service which can be rendered in the care of underprivileged in the outdoor dispensary, where the ambulatory cases are cared for, and the sick who are in the hospital.

In a well-organized medical school the patients in the dispensary and hospital get the best medical care known and practiced in medical centers.

This medical knowledge becomes widespread among the doctors of a community and individuals can go to any of the hospitals as patients and gain the benefit of this better distribution of medical knowledge.

These facts being well recognized, the city-county authorities and the city-county board have made a contract with the Foundation to departmentalize the hospital and supply the best medical talent for the care of their patients. The observation and experience of these lay-gentlemen cooperating with the trustees of the Foundation insures the future development of a great Medical Center. Fortunately the trustees and officers of the various children's hospitals and clinics located so near this development have the same feeling and are cooperating so that the 125 charity beds and outdoor dispensaries of the children's hospitals will have the same advantage.

The Department of Obstetrics and Gynecology, has rendered a notable service to the poor of the city and recently we employed a fulltime professor to head this department in Parkland Hospital. The service is not only available in Parkland Hospital but, with the advanced medical students, about 1,000 women are delivered in their homes each year. This, of course, is efficiently handled on account of the teaching facilities and the utilization of the professors and associate nurses, etc.

The training of nurses will be tremendously improved for they become a part of the educational activities.

Notable research is in progress in our institution. The work which has been done in blood plasma is outstanding in its national recognition. The study of old age and the effect of drugs in the pharmacological department in lessening the use of narcotics are worth mentioning. Of particular interest has been the research in the treatment of syphilis, shortening the period to an accepted 60 days. The recognition of this, of course, has led to the selection of our clinic for further research which will be carried on as an activity of the research council of the United States government in the new two-day treatment for the cure of syphilis. Our clinic was one of five throughout the country selected for this work.

In the recent rather limited campaign for funds for the Foundation the response was remarkable and the trustees of the Foundation felt that they had never attempted a civic service which had the same popular appeal and the trustees feel that the \$2,500,000 desired to bring about the basic development of this great medical venture will be accomplished without any general campaign.

The trustees were happy to know that all of the citizens of Dallas were apparently united back of this movement. It was gratifying to feel that an intelligent citizenship were not only generous in their response through their gifts to accomplish something for those people who could do little for themselves, but were intelligent enough to recognize the ultimate advantage that would accrue to those who were more fortunate; to recognize that the by-products of education insure a better medical service for themselves.

The trustees have in mind a building program of some \$10,000,000 and through the appreciation of those who have the means to memorialize their loved ones or to wisely expend, the sum of their funds will accumulate in the hands of the Foundation endowments of at least \$15,000,000. The program is a progressive one and the development of any part of it leads to further progress.

One of the greatest financiers of all times claimed that he got greater dividends out of the money spent in medical education than in any other activity in which he had been interested.

Individuals as well as Foundations which have accumulated money to be spent in the interest of humanity will be interested in what is being developed through the Southwestern Medical Foundation.

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Medical Library

(Continued from Page 9)

brary of the University of California contains 60,000 volumes of bound journals and books, and the catalog definitely states that 390 of the 950 periodicals on file are complete sets. These may seem to be ambitious goals, but their significance for us should not be overlooked.

Furthermore, no occasion should be lost in the effort to secure back volumes of all the standard journals. It is imperative that the volumes for the past five or preferably 10 years be available for student and faculty study and for research purposes much would be gained by having complete files. The librarian has already listed some of our more urgent needs with dealers throughout the country.

Most of the great medical libraries have been built up by private gifts and endowments. Some of these are noble

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACTS OF CONGRESS OF AUGUST 24, 1912, AND MARCH 3, 1933

Of "Dallas" Magazine, published monthly at Dallas, Texas, for October 1, 1943.
State of Texas, County of Dallas, ss.

Before me, a Notary Public in and for the State and county aforesaid, personally appeared Gordon C. Brown, who, having been duly sworn according to law, deposes and says that he is the Editor of the "Dallas" Magazine and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, as amended by the Act of March 3, 1933, embodied as section 537, Postal Laws and Regulations, printed on the reverse side of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers, are: Publisher, Dallas Chamber of Commerce, Dallas, Texas; Editor, Gordon C. Brown, Dallas, Texas; Business Manager, Velma Boswell, Dallas, Texas.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member, must be given.) Dallas Chamber of Commerce, Dallas, Texas; no capital stock.

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GORDON C. BROWN, Editor.

Sworn to and subscribed before me this 17th day of September, 1943.

Seal)

S. GOODSTEIN.

My commission expires June 1, 1945.)

DALLAS • NOVEMBER, 1943

monuments to the generosity of their donors. Among these should be cited the John Crerar Library of Chicago and the Lane Medical Library of Stanford University. Dallas, with its Southwestern Medical Foundation, should offer a similar opportunity for such distinguished service.

The temporary quarters which have been provided for the new library will accommodate approximately 10,000 volumes in the semi-fireproof building at 3705 Maple Avenue. This building furnishes the best available space in the vicinity of the Medical School and it will meet the essential needs for the duration of the war. During this time plans will be made for the adequate housing of the much greater library which will form a vital part of the Greater Medical Center.

Visual Teaching

(Continued from Page 15)

deserves but make it possible to apply the results wherever medicine is taught and research is done.

Visual teaching is concerned with the use of many methods and devices including pictures, whether done by art or photography; also, with graphs, charts and exhibits. It is known, too, as "sensory" or perceptive teaching because it involves learning through a coordination of several senses and associations.

Proper application of the principles of visual instruction has been most gratifying, even before the modern uses of art, photography and sound recording. Since this modernization, there is no longer any question of the advisability of including it in the curriculum. It has a place in all instruction related to any subject. Anything that can be drawn, photographed, or recorded on a sound track is now a part of the program of any progressive medical school where the best teaching and research is done.

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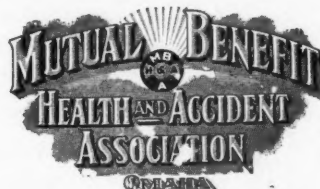
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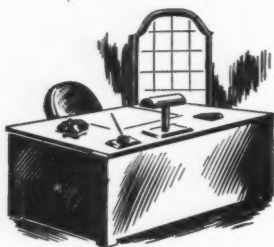
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Medical School

(Continued from Page 8)

ready been accumulated into a most creditable library.

Most of the medical students live in fraternity houses. Three of the fraternities have already acquired homes within a few blocks of Parkland.

The entire Medical School is now conveniently situated adjacent to the teaching hospitals, namely: Parkland, Scottish Rite Crippled Childrens', Texas Childrens' Hospital, Freeman Memorial, Bradford Memorial, and Hope Cottage. This is the nucleus from which will come the outstanding Southwestern Medical Center of post-war days.

George H. Dahl has been the architect for the different construction features.

Blood Plasma

(Continued from Page 10)

tion after treatment. The effect of concentrated plasma upon the circulation in very small blood vessels (the capillaries) is also being studied because this appears to be the key to the treatment of shock.

In the field of blood transfusions some of the most interesting problems in modern medicine are being investigated. As almost everybody knows, there are four types of blood, and in giving transfusions it is necessary that blood should be of the same type as that of the patient. Recently, however, it has been discovered that there are other factors involved which must be considered. The most important has been termed the "Rh" factor, the word being taken from the common Rhesus monkey. Oddly enough it was found that blood cells taken from the common monkey and injected into a suitable animal produced a testing serum which could be used to test human blood. Approximately 87 per cent of people give a positive test with such serum and are called "Rh positive." This factor is unrelated to the blood groups and may occur or be absent in any of them. However, repeated transfusions of blood that is Rh positive when given to a patient that is Rh negative may ultimately result in serious reactions or even death. It has also been found recently that in a group of diseases of new born children wherein the blood is related to this factor, that blood of the proper type in respect to the Rh factor must be transfused in the emergency to save their lives. In the Center, we are actively studying the Rh factor and the new components

into which this factor may be divided. While this research is still being continued, it can be stated that in our experience so far in the Buchanan Center, we have been able to lower the death rate from 60 per cent to no cases lost so far. Investigation of this important work is being actively pursued.

Another recent problem which has been undertaken in the Center is the production of penicillin. This is produced by the growth of common mold and it has received widespread comment in the press because of its remarkable properties in combatting a group of serious infections. The chief difficulty, however, has been that not enough of the material can be produced at present, and its use is being restricted for the most part to the needs of the armed forces. This work which is just being started will deal with methods of production and studies concerning the use.

Out-Patient Work

(Continued from Page 22)

many instances there is an extensive service of laboratory and X-ray investigations carried out for the patients. They receive the amount of investigation procedures necessary to establish the diagnosis and observe the results of treatment.

For the students the out-patient department is the training ground for office practice. It is here that they are taught the diagnostic procedures and methods of treatment that are applicable to the ambulatory patients. This is the type of patient seen in office practice. The management of the more seriously ill patients is taught in the hospital wards.

There is an interdependence between the out-patient department and the medical school—each needs the services of the other. The two may be expected to grow and progress simultaneously.

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THESE SKILLS SHOULD NOT BE WASTED

To let these skills go to waste at a time when so much needs to be done on postwar work would

be shortsighted indeed, and it need not happen if postwar planning is accepted, as it should be, as part of our war effort.

These engineers, architects and contractors, who are becoming available, and the construction equipment which will be idle as war construction drops off, present a real opportunity to city, state and county governments, school boards and industries—an opportunity for intelligent postwar planning that will save time and money, and provide jobs now and after the war.

Above article is based on editorial appearing in the October 7 issue of ENGINEERING NEWS-RECORD.

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Approximately nine million people are admitted to hospitals in the United States annually. That's more than 24,000 a day—1,000 an hour. Of course you may not figure on being one of the nine million who will be admitted to hospitals this year, but you could be.

If an accident or unforeseen illness should make it necessary for you to go to a hospital, wouldn't it be a source of satisfaction to you and your family to know that you have Hospitalization Insurance with a reputable insurance company?

Employers Casualty Company was one of the first insurance companies to write Group Hospitalization Insurance and has acquired the reputation of having one of the most liberal, least restricted Hospitalization policies on the market. Now that the Employers Casualty Company has made Surgical Operation and Accidental Death Benefits available along with Hospitalization and is offering this triple protection to individuals as well as groups, why not arrange for this triple protection now? Special rates on group policies.

SPECIAL FEATURES

Provides Hospitalization in *any* hospital *anywhere*.

Pays doctor bills for *any* Surgical Operation performed *anywhere*.

Provides payment of hospital bill *direct* to hospital.

Triple coverage available to *men and women*.

Hospitalization also available to *children*.

Contains *no waiting period* after effective date.

Insured has *free choice* of hospital, physician or surgeon.

Contains no restrictions or exclusions that work a hardship.

No medical examination required.

Protection continues after age 65 with only one-half reduction in benefits.

Written by 23-year-old Texas stock insurance company.

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